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(Document Number)						
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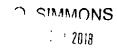
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SECRETARY OF STATE
SECRETARY OF STATE



· COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations						
SUBJECT: SIMOES DAVILA, PLLC	JECT: SIMOES DAVILA, PLLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	er to the following:					
JULIO D. DAVILA						
Name of Person						
SIMOES DAVILA, PLLC						
Firm/Company						
2170 WEST STATE ROAD 434, STE. 450	•					
Address						
LONGWOOD, FL 32779						
City/State and Zip Code						
DAVID@DAVILALAWGROUP.COM						
E-mail address: (to be used for future annual repo	ort notification)					
For further information concerning this matter, please	call:					
JULIO D. DAVILA at (951-4704					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Tallahassee, Florida 32301						
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ame of the limited liability company: SIMOES DAV	/iLA, F	2L L	.C	
	` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	.0)_	N	failing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
		2170 WEST STATE ROAD 434, STE. 450		2	2170 WE	ST STATE ROAD 434, STE. 450
		LONGWOOD, FL 32779	<u> </u>	l	ONGW	OOD, FL 32779
		6/18/2018		L,	1700004	1522
3.		Date of filing/registration in Florida	- 4.			Document number
5	(a)					
<i>J</i> .	(a)	Registered Agent and Registered Office shown on the records of the JOSEPH C STAYANOFF PA	he Florid	la Do	ept. of State:	•
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	<u>2)</u>		
		CASSELBERRY	32707	,	.	SEC 8
		, r.b		·		
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>					質して
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>		Mice address:		質乳を口
		JULIO D. DAVILA				FILED MII: 12 JUL 10 MII: 12 JUL 10 MII: 12 JUL 10 MII: 12
		NEW Registered Office Address:				9° 7
		351 E. NEW YORK AVE, STE. 200				
		DELAND , FL	32724			
the age wa:	chai nt σ s/γ/e	mited liability company is not organized under the lawinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of organization or the operating agreement of the liable of	he regionality control the limited l	ister omp nited liab	red office a pany, it is l d liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
S	ghati	une of a member or authorized representative of a member	-		i	Printed or typed name of signee
pro the to n not	visio obli nere ified	y accept the appointment as registered agent and agre ons of all statules relative to the proper and complete p ganions of my position as registered agent as provided by reflect a change in the registered office address, I he interiting of this change.	e to act perform for in (preby c	t in Ianc Cha Cnfi	this capac te of my di apter 605, irm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed te limited liability company has been
Sig	natur	of Registered Agent				