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Division of Corporations

: (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020

Phone

: (813)435-3176

Fax Number

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LLC REGISTERED AGENT CHANGE DA SILVA REALTY GROUP, LLC

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INHS18 (2/14)

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

NICK SPRADLIN

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	ime of the limited liability company: DA SILVA RE	ALTY O	GROU	P, LLC
2. (a)	941 W. MORSE BLVD.		(b) _	941 W. MORSE BLVD.
-· (- _/ .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-/-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 100		9	SUITE 100
	WINTER PARK, FL 32789		_	WINTER PARK, Fl. 32789
	11/19/2019		L	19000276746
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	MARIA ESTELLA DA SILVA			
J. (u)	Registered Agent and Registered Office shown on the records of 941 W. MORSE BLVD.	f the Fio	rida D	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRI	ESS)	,
	SUITE 100			
	WINTER PARK	L_32739	9	- ,
(b)				
	THE LAW OFFICES OF NICK SPRADLIN, PLLC	100		
	Enter name of NEW Registered Agent and/or NEW Registers	ed Qinçe	agan	₩
	2202 N. WEST SHORE BLVD.			
	NEW Registered Office Address:			
	SUITE 200			
	TAMPA	.L_3360.	?	
	,	L	_	
change agent w was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited into authorized by an affirmative vote of the members cless of organization or the operating agreement of the	e regist iability of the l	tered comp limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	7 /	٨	VICK	ULAS J. SPRADLIN, ESQ.
- 1	ture of a member or authorized representative of a member			Printed or typed name of signee
provisie the obli to mere	by accept the appointment as registered agent and as ons of all statues relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I have the provided in the registered office address, I have the provided in the registered of the provided in the provided in the registered of the provided in the registered of the provided in the provide	gree to d e perfor ed for i hereby	act in rmand in Cho conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signatur	rcof Registered Agent			
•	Division of Cornerations P.O.	Box 63	327•	Tallahassee, FL 32314

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