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(Re	equestor's Name)							
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ANDRES SILVA DESIGN, INC

Name of Corporation

DOCUMENT NUMBER: P11000070360

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

P Firm/Company 1831 NW 110 TERRACE

CORAL SPRINGS, FL 33071
City/State and Zip Code

asaanaves silvadesign. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andres Silva at 561 3052380

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

*STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p statement of cha in order	provisions of sect nge is submitted r to change its re	for a corpord	ation organi	zed under	the laws	of the State	of FL	OPID	_A
1. The name of t	he corporation:_	ANDR	es s	ILVA	DES	5161	, 11	C	
2. The principal	office address:	1831							
		CORA	U SP	PIN6	5,	FL,	330	フリ	
3. The mailing ac	ddress (if differen	nt):				•	<u></u>		
4. Date of incorp	oration/qualifica	_{tion:} <u>08/</u>	05/20	11 Docu	ment nun	nber: PII	000	0703	360
5. The name and Florida Depart	street address of tment of State: (I				gistered o	office on file	with the		
		OPPO	RAMO	N 5	ERV	ice c	OM P.	ANY	
	1	2011	tays	STR	ÆT				
		ALLAH						15	
6. The name and (if changed):	street address of	the new regi	stered agent	t (if change	ed) and /o	TARCRE TARCRE	offiz APA	П	
	<u> </u>	NDRE	<u>S</u> _ S	> 1 LV/	4	ASSI	ਜ਼ _2		
	1831 N				æ	200	>	M	
	CORA	L SPI	P.O. Box NOT 7-11069	•		325 S	13	D	
The street addres as changed will	ss of its registere be identical.	ed office and	the street a	ddress of	the busin	ness office o	of its regi	istered age	nt,
Such change wa	s authorized by a e board, or the c	resolution du orporation h	aly adopted as been not	by its boa ified in wr	rd of dire	ectors or by the change.	an offic	er so	
	DIM.			ANI		SILVA		DTR	_
Signature I hereby accept if I further agree to of my duties, and document is bein corporation has	the appointment of comply with the difference of the comply with the difference of the comply with the difference of the complete of the compl		d agent and of all statu ept the oblivi ange in the is change.		act in thi e to the p ny position d office a	s capacity. s capacity. broper and con as registed ddress, I he	complete ered age ereby con		nce his he
Sign If signing on beh	ature of Registered Agnalf of an entity:	ent				Date			
Ty	ped or Printed Name								

* * * FILING FEE: \$35.00 * * *