(Requestor's Name)  375 N. Stephanie St., Suite 1411 • Henderson, NV 89014-890	900137295399
(Address)	00010120000
(City/State/Zip/Phone #)	11/10/0801037005 **25.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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8. HAWKES NOV 1 2 2008 EXAMINER

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

Pursuant to the provisions of sections 608.416 or 608.508. 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. Name of the limited liability company:

Delta Services Group, LLC

1. (tame of the limited natinty company.	
2. (a) Principal office address of limited liability comp	SBRY: 615 CONCORD LANE
(Nota: MUST BE STREET ADDRESS)	HOLMES BEACH FL 34217
(b) Mailing address of limited liability company:	615 CONCORD LANE
(Note: MAY BE POST OFFICE BOX)	HULMES BEACH FL 34217
	5
08/22/2008	L08000080616
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	CULLINAN, LYNNE K
Registered Office Address:	615 CONCORD LANE
	HOLMES BEACH FL 34217
(b) Enter name of NEW Replatered Agent and/or N	NEW Registered Office address:
NEW Registered Agent:	Incorp Services, Inc.
NPW Danietared Office Address:	17888 67th Court North

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Loxanatchee

FL 33470

(Signatury Of a member or salthorized representative of a member)

(MUST BE FLORIDA STREET ADDRESS)

(Printed or typed name of signes)

Signature of Registered Agent)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Janue Jull on behalf of Incorp Services, Inc.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00