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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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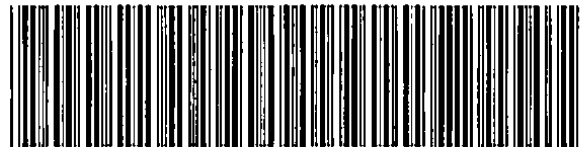
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL -8 PM12:09

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Delta 9 Solutions LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Horne
Name of Person

Delta 9 Solutions LLC
Firm/Company

1426 SW 12th Ave
Address

Pompano Beach FL 33069
City/State and Zip Code

mmjkrky7@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Horne at (561) 229-7721
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

19 JUL -9 PM 12:09

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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. Name of the limited liability company: Delta 9 Solutions LLC

2. (a) 1426 SW 12th AVE (b) 1426 SW 12th AVE
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Pompano Beach FL
33069

Pompano Beach FL
33069

3. June 2019 4. L19000163033
Date of filing/registration in Florida Document number

5. (a) Christopher Horne
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1426 SW 12th AVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Pompano Beach FL
33069

(b) Mickey McLellan
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Mickey McLellan
NEW Registered Office Address:
1426 SW 12th Ave
Pompano Bch, FL 33069

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.

Christopher Horne
Signature of a member or authorized representative of a member

Christopher Horne
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with all provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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.

[Signature]
Signature of Registered Agent

RECEIVED
DIVISION OF CORPORATIONS
19 JUL -8 PM 12:09