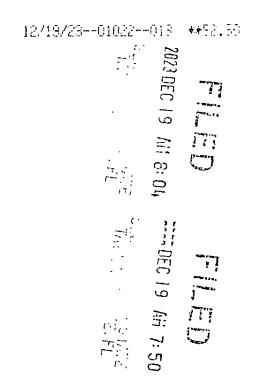
A1300000685

(Requestor's Name)
(Address)
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Delray Taco, Ltd.			
Name of Limited Partnership of	or Limited Liability Limited Partnership		
DOCUMENT NUMBER: A13000000685			
The enclosed Statement of Change of Register fee(s) are submitted for filing.	ered Office and/or Registered Agent and		
Please return all correspondence concerning t	this matter to:		
Jeffrey Farwell			
Contact Person			
Rocco's Tacos & Tequila Bar			
Firm/Company			
400 Clematis Street, Suite 205			
Address			
West Palm Beach, FL 33401			
City, State and Zip Code			
barbara@bigtimerestaurants.com			
E-mail address: (to be used for future annual rep	ort notification)		
For further information concerning this matter	er, please call:		
Jeffrey Farwell	at (561) 659-1940		
Name of Contact Person	Area Code and Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to	the Florida Department of State.		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

Delray I ac	·					_
	lame of Limited Partnership or Lir					
2.11/06/2013		3. <u>A130</u>	3. A13000000685			
Date of fili	Date of filing/registration in Florida Florida docu		lorida docume	ment number		 ;
4. The name of the Department of State	registered agent and the registered	office address as sh	nown on the re	ecords of th	后 回 回	ida
	Mangel, Rocco					1 1
	Na	me				U
	400 S Australian Ave #300				8: 014	
	Add	ress		mi	1-	
	West Palm Beach, F	L 33401				
	City, Stat	e and Zip		c		
5. The name and Fl	forida street address of the new reg	gistered agent and/or	r office:		3,1	
	Dillon, Barbara)EC	1
	Na	me			19	
	400 Clematis Street	, Suite 205			A	
	Florida street address (P	O. Box not accepta	able)		Aii 7: 50	
	West Palm Beach	_{FI} 3	3401	171 171	50	
	City, Stat	e and Zip				
\mathcal{L}	is/are effective when filed by the F	lorida Department o	of State.			
Signature of Genera	al Partner					
comply with the pro-	appointment as registered agent a pvisions of all statutes relative to the pith an accept the obligations of my cred Agent	he proper and comp	lete performa	I further ag nce of my o	gree to luties.	
Filing Fee: Certified Copy	\$35.00 (optional): \$52.50					