F0500000317Y

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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12/05/13--01023---002 **35.00

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DEC 10 2013



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: December 3, 2013

Order#: 906092-007

Re: DELMA LAKESIDE PLAZA IV, CORP.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0302, 617.6 ange is submitted for a corporation org er to change its registered office or reg	ganized under the la	ws of the State of De	laware	
1. The name of	the corporation: DELMA LAKESIDE P	PLAZA IV, CORP.			
2. The principal	office address: 6301 NW 5th Way, Fo	ort Lauderdale, FL	33309		
3. The mailing a	address (if different): c/o Delma Prope	erties Inc.	······································		
	n Lane, #2205, New York, NY 10038				
4. Date of incor	poration/qualification: 05/27/2005	Document	number: F05000003	174	
	d street address of the current registere rtment of State: (If resigned, enter resigned)	•	ed office on file with t	he	
	C T Corporation System				
	1200 S. Pine Island Road			3 DEC	55 55 46
	Plantation	FL	33324	71	35
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed): Corporation Service Company					DE STATE
					,
P.O. Box NOT acceptable					
	Tallahassee	FL.	32301		
The street addr as changed will	ess of its registered office and the stre be identical.	ect address of the bu	usiness office of its re	gistered agen	ıt,
Such change wanthorized by t	as authorized by resolution duly adop he board, or the corporation has been	eted by its board of one notified in writing	directors or by an offi of the change.	cer so	
		Dona Priebe, \			
J	ure of an officer or director		this canacity		
I further agree performance of agent. Or, if the hereby confirm	t the appointment as registered agent to comply with the provisions of all s f my duties, and I am familiar with an his document is being filed merely to r that the corporation has been notifie on Service Company	tatutes relative to the discrept the obligation of the color of the co	he proper and comple tion of my position as he registered office a	registered	
By: Silvi	a august	12/03/2013			
D Sig	gnature of Registered Agent		Date		
If signing on be	ehalf of an entity:				
	t, Assistant Vice President				
ד	Typed or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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