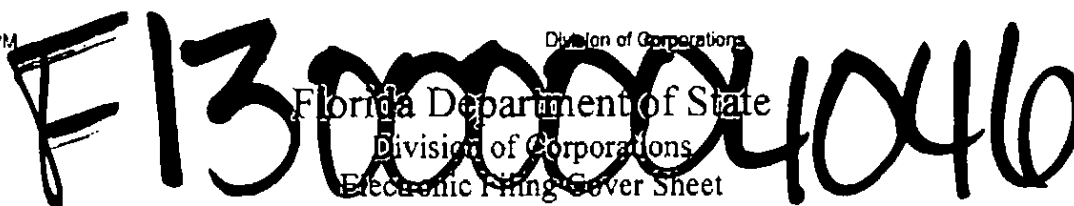


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**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : URS AGENTS LLC  
Account Number : 120150000127  
Phone : (800)567-4397  
Fax Number : (800)567-4398

FILED  
2021 OCT 29 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: deborahp@delaneyinc.net

**REGISTERED AGENT CHANGE  
DEL. INV., INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DEL. INV., INC.  
Name of Corporation

**DOCUMENT NUMBER:** F13000004046

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:

Deborah Paul

Name of Contact Person

DEL. INV., INC.

Firm/Company

225 SPRINGHILL MEMORIAL PLACE

Address

MOBILE, AL 36608

City/State and Zip Code

DeborahP@Delaneyinc.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Clark

Name of Contact Person

at 800 567-4397

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

(((H21000401802 3)))

(((H21000401802 3)))

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of AL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DEL. INV., INC.
2. The principal office address: 225 SPRINGHILL MEMORIAL PLACE, MOBILE, AL 36608
3. The mailing address (if different): POST OFFICE BOX 16126, MOBILE, AL 36616
4. Date of incorporation/qualification: 09/16/2013 Document number: F13000004046
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

FROST, ROBERT S940 SANTA ROSA BOULEVARDFORT WALTON BEACH, FL 32548

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

URS AGENTS, LLC3458 Lakeshore DriveP.O. Box NOT acceptableTallahassee, FL 32312

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

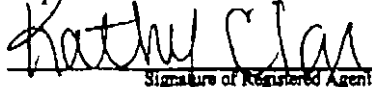
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Robert S. Frost, Executive Vice-President

Printer or typed name and title

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 statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

10/28/2021

Date

If signing on behalf of an entity:

Kathy Clark, Assistant Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

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