

H09020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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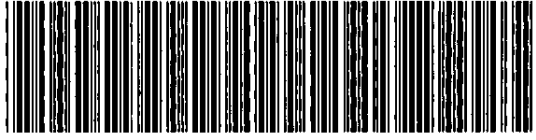
(Business Entity Name)

(Document Number)

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10 MAY 14 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES

WARCHOL, MERCHANT & ROLLINGS, LLP

A FLORIDA LIMITED LIABILITY PARTNERSHIP
FEIN 59-2851736

MARTHA S. WARCHOL
WILLIAM C. MERCHANT
Certified Circuit Court Mediator
Court Appointed Arbitrator
HARVEY ROLLINGS
Certified Circuit Court Mediator
MARK HOROWITZ, P.A.
CHARLES C. JONES, II, PA
ANNETTE GIARDINA HABER
J. DERRICK MAGINNESS

1633 SOUTHEAST 47TH TERRACE
CAPE CORAL, FLORIDA 33904
OR
POST OFFICE BOX 100767
CAPE CORAL, FLORIDA 33910

(239) 542-0700
FAX (239) 542-8627
www.WMRLawoffice.com

SENDER'S E-MAIL: Rollings@WMRLAWOFFICE.COM

May 12, 2010

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Amendment/Delman, Inc.
Document No. H09020
Our File No. 33684**

Dear Sir/Madam:

Please find enclosed a Statement of Change of Registered Office or Registered Agent for the above-referenced Corporation along with a check made payable to the Department of State in the amount of \$35.00 representing the filing fee.

If you have any questions, please feel free to contact me.

Yours truly,



Harvey Rollings

HR/lmf
Enclosures

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Delman, Inc.
Name of Corporation

DOCUMENT NUMBER: H09020

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:

Linda S. Delman
Name of Contact Person

Delman, Inc.
Firm/Company

900 SW Pine Island Road, Suite 118
Address

Cape Coral, FL 33991
City/State and Zip Code

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

For further information concerning this matter, please call:

Linda S. Delman at (239) 573-4367
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Delman, Inc.
2. The principal office address: 900 SW Pine Island Road, Suite 118
Cape Coral, FL 33991
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/21/1984 Document number: H09020
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)

James L. Cottrell
1714 Cape Coral Parkway
Cape Coral, FL 33904

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

Harvey Rollings
1633 SE 47th Terrace
P.O. Box NOT acceptable
Cape Coral, FL 33904

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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.
Delman, Inc.

By: [Signature]
Signature of an officer or director

Linda S. Delman, President
Printed or typed name and title

President
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]
Signature of Registered Agent

5/11/10
Date

If signing on behalf of an entity:

Typed or Printed Name

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