

L01000012261

Simply Roses Florist  
643 N. Dixie Hwy.  
New Smyrna Beach, FL 32168  
(386) 423-4347



000038308170

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(Business Entity Name)

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Delivery Specialists, LLC
2. The mailing address of the limited liability company is : 643 N Dixie Freeway  
New Smyrna Beach, FL 32168
- 07/23/2001 L01000012261
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Daniel S Friebis  
Name  
3890 Turtle Creek Drive Suite B  
Address  
Port Orange, FL 32127  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Glenn Rose  
Name  
336 Brown Pelican Drive  
Florida street address (P.O. Box NOT acceptable)  
Daytona Beach FL 32119  
City, State and Zip

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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.

X [Signature]  
(Signature of a member or authorized representative of a member)

Glenn Rose  
(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 the 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 608, 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.*

X [Signature]  
(Signature of Registered Agent)

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