

L020000008346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

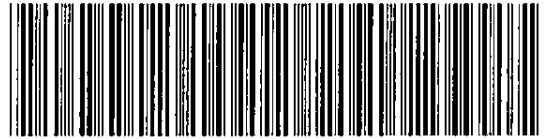
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DELLERSON FAMILY LLC 5  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terry Dellerson

\_\_\_\_\_  
Name of Person

DELLERSON FAMILY LLC 5  
Firm/Company

6000 Island Blvd., Apt 608

\_\_\_\_\_  
Address

Aventura, FL 33160

\_\_\_\_\_  
City/State and Zip Code

terryd999@gmail.com

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

For further information concerning this matter, please call:

Terry Dellerson

305

794-0404

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: DELLERSON FAMILY LLC 5  
6000 Island Blvd., Apt 608, Aventura, FL 33160

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: 4/9/2002  
Terry Dellerson  
4. Document number: L020000008346

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6000 ISLAND BLVD,  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
APT 608  
AVENTURA, FL 33160

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

6000 ISLAND BLVD  
NEW Registered Office Address:  
APT 608  
AVENTURA FL 33160

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.

Terry Dellerson 8/30/24  
Signature of a member or authorized representative of a member 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 605, 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.

Terry Dellerson 8/30/24  
Signature of Registered Agent