(((H23000035963 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 : (407)841-1200 Fax Number : (407)423-1831

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## LLC REGISTERED AGENT CHANGE DELTA CAPITAL MANAGEMENT, LLC

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From: Leslie Perryman

To.

## (((H23000035963 3)))

## 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.	Na	me of the limited liability company: DEL	TA CAPITAI	. MAN.	AG	EMENT.	LLC		
2.	(a)			_ (	(b)				
		Principal office address of limited liability (Note: MUST BE STREET ADDR)	company:				Mailing address of limite (Nate: MAY BE POS		
		698 N. Maitland Avenue, Suite 201			(	598 N. M	aitland Avenue, Suite 2	101	
		Maitland, FL 32751					171 32751		
		July 22, 2003			Į,(	03000026	772		
3.		Date of filing/registration in Flor	ida	۹,			Document number		
5.	(a)	(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State Laurence J. Pino, P.A.							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  99 S. New York Avenue			_	2023 J.H			
		Winter Park						_	27
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> Dean Mead Services, LLC <u>NEW Registered Office Address:</u>	W Registered	Office a	ddra	<u>ess</u> :	_	1.7 6. 11.1	PH 5: 51
		420 S. Orange Avenue, Suite 700					_		
		Orlando	Fl	32801					
chi age wa	ange ent v is/we	mited liability company is not organized to or changes are made, the Florida street advill be identical. Or, in the case of a Floridate authorized by an affirmative vote of the cles of organization or the operating agree	inder the law dress of the i la limited liab members of	s of the register bility co the lin imited	e St red omp nite Tial	ate of Fl office an pany, it i	orida, it is hereby cond the business office is hereby confirmed to company or as other pany.	ol ti hat t	he registered he change(s)
		ure of a member of authorized representative of a n					Printed or typed name of		
no De	an M	ov accept the appointment as registered agons of all statutes relative to the proper an igations of my position as registered agent by reflect a change in the registered office time writing of this change.  cad Services, L.C.	gent and agre ad complete p t as provided address, I h	ve to ac verform for in erchy c	t in tane Chu onf	this cap we of my upter 60; irm that	acity. I further agree duties, and I am fam 5, F.S. Or, if this doc the limited liability c	z to c iliar rume romp	comply with the with and accept ont is being filed eany has been
Sti	gnatu. eph <b>e</b> i	re of Legistered Agent R. Looney, Vice President of Sale Member							
		Division of Corporati	ons• P.O. B -FILING FF				ssee, FL 32314		