0400050454

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
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Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
Special instructions to Filing Officer:	
	Special instructions to Filing Officer:
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Office Use Only



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05/19/08--01009--008 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DALIKA Ventures (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:
Sohn 5, pletcher (Name of Person) Palika ventures (Firm/Company)
13104 Tyler R-n A-e (Address)
(City/State and Zip/Code)
For further information concerning this matter, please call:
(Name of Person) at (S13) 970-8500 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\square\$ \$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 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.

00.1	eka L
1. Name of the limited liability company: 2. (a) Principal office address of limited liability company	ika ventures
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	0 Dess A, FC 33556
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME
3. Date of filing/registration in Florida	L0400050454
3. Date of filing/registration in Florida	Document number
5. (a) Registered Agent and Registered Office shown on t	•
Registered Agent:	John J. Pletcher
Registered Office Address:	John J. Pletcher 1226 Gordon LAlke CT ODESSA, FC 33556
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	•
NEW Registered Agent:	John J. pletder
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13104 Tyler Run Ace
If the limited liability company is not organized under the le	ODes A ,FL 33556
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.	address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the
	-
(Signature of a member of authorized representative of a member)	
(Printed or typed name of signce)	-
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608 hange in the registered office address, I hereby in writing of this change.
(Signature of Registered Alent)	
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314

FILING FEE: \$25.00