LD50003958

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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
suвлест: Delta Business Consul	Itants LLC
(Name	e 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 concernir	ng this matter to the following:
Pagar W. Andoman	
Roger W. Anderson (Name of Person)	
Delta Business Consultants LLC	
(Firm/Company)	
5072 Palena Blvd. (Address)	
(1333-335)	
North Port, FL 34287	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Karin M. Anderson	at (941) 426-7595
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section
Registration Section Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the follow	ving 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 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. Na	me of the limited liability company: Delta Busir	ness Consultants LLC
2 (a)	Dringing office address of limited lightlity compar	TUL 5070 Dalona Blud
2. (a)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	N. (I D.) EL 04007
	(NOIR: MUST BE STREET ADDRESS)	North Port, FL 34287
(L)	Mailing address of limited liability company	5070 Balana Olivid
(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5072 Palena Blvd. North Port, FL 34287
	(Note: MAI BE POST OFFICE BOX)	North Port, FL 34287
lanua	ry 12, 2005	L05000003958
3. Da	te of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
	Registered Agent:	Business Filings Incorporated
	Registered Office Address:	8040 Excelsior Drive, Suite 200
	Registered Office Address.	Madison, WI 53717
		THOUSEN, TYL SOTT
` '		EW Registered Office address:
``	NEW Registered Agent:	Karin M. Anderson
	NEW Registered Agent: NEW Registered Office Address:	Karin M. Anderson 5072 Palena Blvd.
. ,	NEW Registered Agent:	Karin M. Anderson 5072 Palena Blvd. North Port, FL 34287
,	NEW Registered Agent: NEW Registered Office Address:	Karin M. Anderson 5072 Palena Blvd.
If the that a office hereb liabili	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) limited liability company is not organized under the fler the change or changes are made, the Florida street of the registered agent will be identical. Or, in the y confirmed that the change(s) was/were authorized ty company or as otherwise provided in the articles of liability company.	Karin M. Anderson 5072 Palena Blvd. North Port, FL 34287 e laws of the State of Florida, it is hereby confirmed eet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of Be limited of organization or the operating agreement of the
If the that a office hereb liabili limite	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) limited liability company is not organized under the fler the change or changes are made, the Florida street of the registered agent will be identical. Or, in the y confirmed that the change(s) was/were authorized ty company or as otherwise provided in the articles of liability company.	Karin M. Anderson 5072 Palena Blvd. North Port, FL 34287 e laws of the State of Florida, it is hereby confirmed eet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the
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If the that at office herebiliabili limite (Signati (Printed Type of the complete of the complete of the confirmation of the c	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) limited liability company is not organized under the fler the change or changes are made, the Florida street of the registered agent will be identical. Or, in the y confirmed that the change(s) was/were authorized ty company or as otherwise provided in the articles of liability company. W. Anderson or typed name of signee)	Karin M. Anderson 5072 Palena Blvd. North Port, FL 34287 FL e laws of the State of Florida, it is hereby confirmed eet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of Be limited of organization or the operating agreement of the

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00