

#L08000016525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

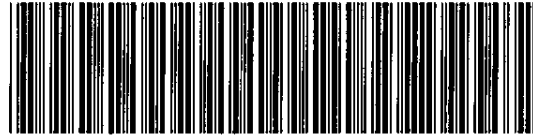
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700221968057

02/17/12--01011--016 \*\*55.00

FILED  
12 FEB 17 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
FEB 20 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ODALY'S DELIGHT LLC  
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:

Hiram Gonzalez

Name of Person

ODALY'S DELIGHT LLC

Firm/Company

840 SW 129TH PL #209

Address

Miami FL 33184

City/State and Zip Code

marabril78@yahoo.com

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

For further information concerning this matter, please call:

Hiram Gonzalez

Name of Person

at ( 786 )

271-4599

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

☒ \$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. Name of the limited liability company: ODALY'S DELIGHT LLC

2. (a) Principal office address of limited liability company: 840 Sw 129th PL # 209

**(Note: MUST BE STREET ADDRESS)**

Miami FL 33184

(b) Mailing address of limited liability company: 840 Sw 129th PL # 209

**(Note: MAY BE POST OFFICE BOX)**

Miami, FL 33184

02/14/2008  
3. Date of filing/registration in Florida

L08000016525  
4. Document number

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

Registered Agent:

Hiram Gonzalez

Registered Office Address:

840 Sw 129th PL # 209

Miami, FL 33184

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

**NEW** Registered Agent:

Hiram Gonzalez

**NEW** Registered Office Address:

601 NW 109 Ave.#8

**(MUST BE FLORIDA STREET ADDRESS)**

Miami, FL 33172

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.

Hiram Gonzalez  
Signature of a member or authorized representative of a member

Hiram Gonzalez

Printed or typed name of signer

*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.*

\_\_\_\_\_  
Signature of Registered Agent

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

**FILING FEE: \$25.00**