

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305)381-8108
Fax Number : (305)381-8109

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CC@ABOGADOMIAMI.COM

**LLC REGISTERED AGENT CHANGE
DELIA HOSPITALITY LLC**

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K. SALY

JUN 20 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELIA HOSPITALITY 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:

Cindy E. Calderon

Name of Person

Geoffrey M. Wayne, P.A.

Firm/Company

135 San Lorenzo Ave., PH 840

Address

Coral Gables, FL 33146

City/State and Zip Code

cc@abogadomiami.com

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

For further information concerning this matter, please call:

Cindy E. Calderon

at (305)

381-8108

Name of Person

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: DELIA HOSPITALITY LLC
2. (a) 7791 NW 46TH ST
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
SUITE 121 - 122
DORAL, FL 33166
- (b) 7791 NW 46TH ST
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
SUITE 121 - 122
DORAL, FL 33166
3. 07/22/2015
Date of filing/registration in Florida
4. L15000123167
Document number
5. (a) OSORIO INTERNACIONAL REGISTERED AGENTS LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
175 SW 7 STREET
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
#1900
MIAMI, FL 33130
- (b) EXCELSIOR CORPORATE SERVICES LLC
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
135 SAN LORENZO AVENUE, PH 840
NEW Registered Office Address:
CORAL GABLES, FL 33146

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.

Calogero Alaimo Mancuso
Signature of a member or authorized representative of a member

CALOGERO ALAIMO MANCUSO
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 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.

Goffrey M. Wayne
Signature of Registered Agent