## · L160000 36195

(Requestor's Name)								
(Address)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
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(Document Number)								
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

	Registration Section Division of Corporations			
SUBJE	Delray 14850 LLC			
00202		Limited Liability Company	_	
Dear Sir	or Madam:			
The encl	losed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.		
Please re	eturn all correspondence concerning this mat	ter to the following:		
Laura <sup>*</sup>	Thompson			
	Name of Person			
Delray	14850 LLC			
	Firm/Company	TAL TAL	<b>5</b>	
1311 N	lewport Center Drive West, Suite C	LAREN PARTIES	<b>E</b>	FILED
	Address	SSEE	-	
Deerfie	eld Beach, FL 33442	- TO:	ななる	D
	City/State and Zip Code		= =	
Ithomp	son@jwrconstruction.cc			
E-t	mail address: (to be used for future annual re	port notification)		
For furth	ner information concerning this matter, please	e call:		
Laura T	Thompson at (	954-480-2800		
	Name of Person	Area Code & Daytime Telephone Number	er	
] ] (	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 amou	ınt:		
	■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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

Floride		•		-			
I. Na	ame of the limited liability company: Delray 1	4850 LL0	<u> </u>				
2. (a)			(b)				
() .	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:	` '	N	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	1311 Newport Center Drive West, Suite	e C		1311 Ne	wport Center Di	rive West, Suite C	
	Deerfield Beach, FL 33442			Deerfield	l Beach, FL 334	42	
	February 22, 2016			HIL	0000447	82	
3.	Date of filing/registration in Florida	4	. –		Document number		
5. (a)							
, (a)	Registered Agent and Registered Office shown on the reco	ords of the Fl	orida	Dept. of State	- 9:		
	Business Filings, Inc.					may a mark	
	Registered Office Address (MUST BE FLORIDA STE	REET ADDI	RESS)		•	SEC SEC	
	1200 South Pine Island Road					高工	
	Plantation	_, <sub>FL</sub> 333	324			FILED AUG -1 PM CRETARY OF S LANASSEE, FL	
(b)	William J. Gallo					DE 21	
(0)	Enter name of NEW Registered Agent and/or NEW Reg	istered Offic	e add	ress:	•	22 <b>5 5 5 5 6 7 7 7 7 7 7 7 7 7 7</b>	
	C/O G&D Enterprises, LLC.					>	
	NEW Registered Office Address:				•		
	1311 Newport Center Drive West, Suite	C					
	Deerfield Beach	. FL 334	42				
he cha igent v	imited liability company is not organized under tange or changes are made, the Florida street addrivill be identical. Or, in the case of a Florida limit	the laws of ess of the ited liabilit	the stregist	ered office npany, it is	e and the business of the hereby confirmed	office of the registered that the change(s)	
vas/we he arti	ere authorized by an affirmative vote of the mem icles of ogganization of the operating agreement of			ability con am J. Ga		nerwise provided in	
Signat	ture of a member of authorized representative of a member		A 4 (11)	ani J. Ga	Printed or typed name	e of signee	
I herei provisi he obl o mere notified	by accept in appointment as registered agent ar ons of all statutes relative to the proper and com igations of my position as registered agent as pr ely reflect a change in the registered office addre d in writing affilis change.	nd agree to nplete perf ovided for ess, I herel	act orma in C by co	in this cape nce of my c hapter 605 nfirm that i	• •	· ·	
Signatu	re of Registered Agent						

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