

L16000147561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

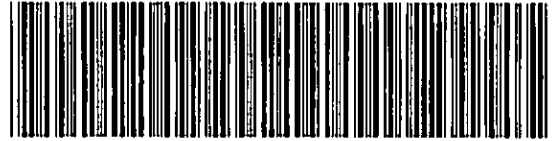
(Business Entity Name)

(Document Number)

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

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Office Use Only



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2022 NOV 28 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 NOV 28 AM 8:27

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Del Park, 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:

Tam Ward

\_\_\_\_\_  
Name of Person

IWP Family Office

\_\_\_\_\_  
Firm/Company

PO Box 61020

\_\_\_\_\_  
Address

Denver CO 80206

\_\_\_\_\_  
City/State and Zip Code

fillings@iwpfo.com

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

For further information concerning this matter, please call:

Tam Ward

\_\_\_\_\_  
Name of Person

617

at (

794-6783

) \_\_\_\_\_  
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



RECEIVED

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 NOV 28 PM 2:02

November 7, 2022

LEXIE PARKER  
IWP FAMILY OFFICE  
P.O. BOX 61020  
DENVER, CO 80206

SUBJECT: DEL PARK, LLC  
Ref. Number: L16000167561

We have received your document for DEL PARK, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

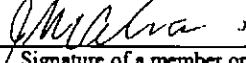
Letter Number: 622A00024981

**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: Del Park, LLC
2. (a) 9858 Clint Moore Road  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Suite C-111, #209  
Boca Raton, FL 33496
- (b) PO Box 61020  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
Denver CO 80206
3. 09/07/2016  
Date of filing/registration in Florida
4. L16000167561  
Document number
5. (a) Joshua Abrams  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
9858 Clint Moore Road  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Suite C-111, #281  
Boca Raton, FL 33496
- (b) Joshua Abrams  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
9858 Clint Moore Road  
NEW Registered Office Address:  
Suite C-111, #209  
Boca Raton, FL 33496


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.

  
Signature of a member or authorized representative of a member

Joshua Abrams, Manager

Printed or typed name of signee

*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.*

  
Signature of Registered Agent

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

**FILED**  
2022 NOV 28 AM 8:27  
TALLAHASSEE, FL