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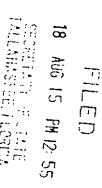
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
special instructions to Filling Officer.						

Office Use Only



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08/15/18--01016--007 **25.00



COVER LETTER

TO:

Registration Section

Divi	sion of Corporations					
SUBJECT:	CT: Delray Legal Services, LLC Name of Limited Liability Company					
SUBJECT						
Dear Sir or §	Madam:					
The enclosed	d Registered Agent/Registered Offic	ce Change an	d fee(s) are submitted for filing.			
Please return	all correspondence concerning this	s matter to the	e following:			
Joel M We	einer					
	Name of Person					
Delray Leg	gal Services, LLC					
	Firm/Company					
525 SE 6tl	h Avenue					
	Address					
Delray Bea	ach, Florida 33483					
	City/State and Zip Code					
delraylega	llservices@gmail.com					
E-mail	address: (to be used for future annual	ial report not	itication)			
For further is	nformation concerning this matter,	please call:				
Joel M. Wo	einer	561 ลเ (413-7742			
	Name of Person	_ " (Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	losed is a check for the following	amount:				
2 \$	25 Filing Fee	\$55 Filing Fee & Certified Copy				
INHS18 (2/14	1)					

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. N	ame of the limited liability company: Delray Legal S	Service	s, LLC	
2. (a)	525 SE 6th Avenue Suite B	(b	Same	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Delray Beach, Florida 33483	_ (V		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9/1/2017	_	 	160689
3.	Date of filing/registration in Florida	4.		Document number
	Joel M. Weiner			
5. (a)	Registered Agent and Registered Office shown on the records of the	ie Florida	Dept. of St	ate:
	4883 S Citation Drive			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_ ≂⊴ 5
	Unit 101			<u> </u>
	Delray Beach E1 33445			NIG 15
	Joel M. Weiner	-		TILED
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office add	Iress:	PRIZE
	525 SE 6th Avenue			2: 55 2: 55 2: 55
	NEW Registered Office Address:			_
	Suite B			
				
	Delray Beach , FL	33483	•	_
the cha agent ' was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the land.	the regist bility co the lim imited l	tered offi mpany, it ited liabil iability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
Signa	iture of a member or authorized representative of a member	206	l M. Wei	Printed or typed name of signee
I here provis the ob- to mer notifie	by acrept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elyreflect a change in the registered office address. I had in writing of this change.	performa Tor in C	ince of mi hapter 60	pacity. I further agree to comply with the values, and I am familiar with and accept 05. F.S. Or, if this document is being filed

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00