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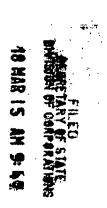
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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations
SUBJECT: Deliveries Pronto! 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:
Jorge Gavina Name of Person
Deliveries Pronto! LLC Firm/Company
13506 Inlet Lane, building 2, #306 Address
Orlando, FL 32824 City/State and Zip Code
deliveries pronto@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marjorie Gaving at (773) 428 0288 Name of Person 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 & 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.

Name of the limite	ed liability company: _	Deliverit	s Pront	o! LLC		
2. (a) 1350U	inlet lane		(b) 135()	6 Inlet.	Lane.	
Principal c	office address of limited lial			dailing address of lim	ited liability company	r:
	e: MUST BE STREET AL		1		OST OFFICE BOX	
buildin	42,#30	<u> </u>	buildi	ng 2, #	F306	
orland	10, FL 32	824	Orlar	neto, FL 3	32824	
2.2	27.2018		L1800	0005200	TO	
	of filing/registration in	Florida	4.	Document number		
5. (a) US Cor	poration.	Agent In	.L.			फ्क् _र
Registered Agent	and Registered Office show	n on the records of the l	Florida Dept. of State		_ <u>_</u>	4
13302	. Winding	Oak C	ourt		3 3	
Registered Office	Address (MUST BE-FL	ORIDA STREET ADD	<u>(RESS)</u>			목 건~a
<u>Sunte</u>	A					
Tamp	09	, FL_ <u>3</u>	3612			S S
10000	(-0 , 00				ਜੀ ਨੇ ਵਾ ਤੋਂ	
(-)	W Registered Agent and/o	r NEW Danistared Off	ica addras:		4 3	É
Effet flante-of in	W Registered Agent and/o	NEW Registered On	ice address.			
13506	, Inlet La	ne				
NEW Designand	(Mino Addresses			•		
buildir	<u>192,#3</u>	O(p				
Orla	ng 2, #3	, FL_2	2824			
If the limited liability			of the State of Flo	orida it is hereby	confirmed that af	ier
the change or changes	are made, the Florida:	street address of the	e registered office	and the business	office of the regi	stered
agent will be identical was/were authorized b	y an affirmative vote o	of the members of th	ne limited liability	y company or as c		
the articles of organiza			•	•		
Mayou (- Signature of a member o	rauthorized representative	of a member	Mugori	Printed or typed name	ne of signee	
•			•	- •	_	th the
I hereby accept the approvisions of all statut the obligations of my p to merely reflect a cha notified in writing of t	es relative to the prop position as registered a inge in the registered a his change.	er and complete per igent as provided fo office address, I her	rformance of my or or in Chapter 605 eby confirm that	duties, and I am for , F.S. Or, if this a the limited liabili	amiliar with and c document is being ty company has be	iccept filed een
Jap/-						
Signature of Registered Ag	gent					