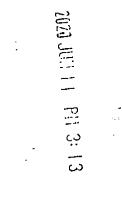
## L18000084305

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bi	usiness Entity Nan	ne)				
(D	ocument Number)					
ertified Copies	Certificates	s of Status				
Special Instructions to	Filing Officer:					
	_					
<u> </u>	<del>-</del>					

Office Use Only



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## COVER LETTER .

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations				
SUBJECT:	Delta Financial Holdings Company, LLC				
	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.		
Please return	all correspondence concerning	g this matter to the f	following:		
Paula Barnett					
	Name of Person		. <u>.                                   </u>		
Pino Nichołso	on, PLLC				
	Firm/Company		<del>_</del>		
99 S. New Yo	ork Ave.				
	Address		_		
Winter Park,	FL 32789				
	City/State and Zip Coo	de	_		
pbarnett@pin	ionicholsonlaw.com				
E-mail	address: (to be used for future	annual report notifi	ication)		
For further is	nformation concerning this ma	tter, please call:			
Paula Barnett		407 at (	956-4245		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Divi P.O.	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Encl	losed is a check for the follow	ving amount:			
<b>a</b> \$2	25 Filing Fee	S55 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. 8	lame of the limited liability company: Delta Financial H	oldings	Company, Ll.	.C
2. (a)		1	(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	696 North Maitland Avenue		696 North	Maitland Avenue
	Maitland, FL 32751	_	Maitland,	FL 32751
	04/03/2018		1.18000084	305
3.	Date of tiling/registration in Florida	4.		Document number
5. (a	·			
	Registered Agent and Registered Office shown on the records of Laurence J. Pino, PA	the Flori	da Dept. of Stat	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>5S)</u>	2823 JUN 11	
	99 S. New York Ave.			
	Winter Park . FL	32789		
	, FL	·		- P
(b)	)			<i>ب</i> ب
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	· ~
	Megan Johnson			
	NEW Registered Office Address:			-
	696 North Maitland Avenue		<u> </u>	_
	Maitland FL	32751 /———		_
chang agent was/v	limited liability company is not organized under the law go or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ability o of the li	red office an company, it i mited liabilit	d the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in
<del></del>		Se	an Casterline,	
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provi: the ob to me notifie	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address, I leaf in writing of this change.	ee to ac perform d for in hereby (	et in this cap nance of my Chapter 603 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been