## 1190000 81593

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
<u>,                                    </u>					
(Document Number)					
Certified Copies Certificates of Status					
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 $\widetilde{\Omega} = \{ \{ \{ \} \} : \exists i \in \mathbb{N} \mid i \in \mathbb{N} \mid i \in \mathbb{N} \} \}$ 

2019 SEP 11 AM 9: 57

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## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	DELIART LLC					
	Name	Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the following:				
DOS	SANTOS MARQUES LEILA DE FA	ATIMA				
	Name of Person					
DELIA	ART LLC					
	Firm/Company					
15724	CHARTER OAKS TRAIL					
· -	Address	·				
CLER	MONT FL 34711					
	City/State and Zip Code	<del></del>				
deliar	tsausages@outlook.com					
E	-mail address: (10 be used for future annua	al report notification)				
For fur	ther information concerning this matter, pl	dease call:				
LEILA	MARQUES	407 723 6046				
	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 Filling Fee	☐ \$55 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. Na	ame of the limited liability company: DELIART LLC		
2. (a)	7207 CROSSROADS GARDEN DR	(b) 7207 CI	ROSSROADS GARDEN DR
(417	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1312	1312	
	ORLANDO FL 32821	ORLAN	DO FL 32821
	03/25/2019	L190000	81593
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	DOS SANTOS MARQUES LEILA DE FATIM	Α	
. (u)	Registered Agent and Registered Office shown on the records of the 7207 CROSSROADS GARDEN DR	he Fiorkla Dept, of Stat	ee.
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS <sub>I</sub>	
	ORLANDO .FL	32821	
(h)	DOS SANTOS MARQUES LEILA DE FATIM	A	2019 S
	Enter name of NEW Registered Agent and or NEW Registered Office address:		- SEP T
	15724 CHARTER OAKS TRAIL		
	NEW Registered Office Address.		
	CLERMONT	34711	
the changent was/w was/w the art Signa There provisulte ob- to mer	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the interest of a member or authorized representative of a member of the appointment as registered agent and agrations of all statutes relative to the proper and complete ligations of my position as registered agent as provided ligations of my position as registered office address. The d'in verting of this change.	the registered offic bility company, it if the limited liabilit limited liability con see to act in this cap performance of my I for in Chapter 60.	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in appany.  Printed or typed name of signce pacity. 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