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(Requestor's Name)				
(Ad	dress)			
	dress)			
(Au	utess)			
(Cit	y/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
	siness Entity Nan	\		
u a)	Siness Entity Nan	ne)		
(Do	cument Number)	- -		
Certified Copies Certificates of Status				
				
Special Instructions to	Filing Officer:			
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations	·	
SUBJI	ECT: The Delsay	HideAway LLC ne of Limited Liability Company	
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the following:	
	Ashley Vaav Name of Person	CE	
-	The Delray H	ideAway LLE	
	2755 SW. 2Nd Address	St	
13-Y-SI	Delray Beach, F City/State and Zip Code	= (33445	
- F	-mail address: (to be used for future ann	nual report notification)	
For fu	ther information concerning this matter.	please call:	
	Ashley VANCE Name of Person	at (646) 265 64/2 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:			
	S25 Filing Fee	S55 Filing Fee & Certified Copy	

INHS18 (2/14)

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.

riond		2	
1. N	ame of the limited liability company: The Delray Hi	deAwa	ay LLC
2. (a)	2755 SW ZND ST (b)	SAN	·
		-	limited liability company: EPOST OFFICE BOX)
	Delvay Beach Fl 33445		
		0	100 10-
2	Date of filing/registration in Florida 4.	9000 Document nun	183 282
3.		rxicument nun	inoci
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	- e:	
	2755 SW 2ND St		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	-	
	Delray BH, Fl. 33445	_	
	, FL		
		=	70201
(b)		-	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		5
	NEW Registered Office Address:	-	
	2755 SW ZND ST		1: 0:
	Deloay BH FL 33445		U
		·	er 1.1. e
the ch	limited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office	e and the busine	ess office of the registered
was/w	will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability	y company or a	s otherwise provided in
	icles of organization or the operating agreement of the limited liability con	npany.	105
Signa	nure of a member or authorized representative of a member	Printed or typed	name of signee
provis the ob- to mer	by accept the appointment as registered agent and agree to act in this capaions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 605 of velv reflect a change in the registered office address. I hereby confirm that d'in writingfof this change.	acity, I further duties, and I an 5, F.S. Or, if the the limited liab	agree to comply with the n familiar with and accep is document is being filed ility company has been
Signate	ire of Registered Agent		

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