

L22000066195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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ST. JOSEPH COUNTY  
TALLAHASSEE, FLORIDA

A. RAMSEY

DEC -11 2023



CSC - Tallahassee  
CSC 1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 12/08/23  
Order #: 1329310-5  
Re: DELFINO ENTERPRISES LLC  
Processing Method: In-House

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
I20000000195 Authorization:

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# 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. Name of the limited liability company: DELFINO ENTERPRISES LLC

2. (a) 44 DEAN DRIVE

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

NEWINGTON, CT 06111

(b) 44 DEAN DRIVE

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

NEWINGTON, CT 06111

02/08/2022

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3. Date of filing/registration in Florida 4. Document number

5. (a) SARACCO, MICHAEL, ESQ

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

520 BREVARD AVE

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

COCOA FL 32922

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee FL 32301

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FLORIDA SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/S/ Mark Shapiro

Mark Shapiro/ Manager

Signature of a member or authorized representative of a member

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00