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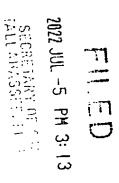
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Delaine and Co. LLC Name of Limited L | |
| 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: |
| Faith anlog Joseph Name of Person | |
| Firm/Company | |
| 300 SE 2nd Street, Suite 600 Address | |
| Fort Lauderdale, Florida 3336 City/State and Zip Code | |
| infog jelaine and co. com E-mail address: (to be used for future annual report notific | cation) |
| For further information concerning this matter, please call: | |
| Faith Dunlap Joseph at (800) Name of Person |) 990 - 2947 Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

□ \$25 Filing Fee

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. Nai | me of the limited liability company: | and | C_0 . | _LC | · | |
|---------------------------------|--|---|---|--|---|---------------------------------------|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | 300 | SE 2 nd Shreet Mailing address of limited (Note: MAY BE POST | | |
| | Fort Lauderdale, Florida 33301 | | Fort | Lauderdole, F | londa | 3330 |
| 3. 5. (a) | Date of filing/registration in Florida Ounlan Joseph, Faith S | 4. | | Document number | | |
| | Registered Agent and Registered Office shown on the records of the 3995 W Mcnab Road, Unit | e Florida l BIOG | Sept. of Sta | ite: | | |
| | Registered Office Address | DDRESS) | | _ | ZOZZ JUL SECRET | 17 |
| | Pompano Beach, FL | 330 |) <u>69</u> | _ | . 5 PH | |
| (b) . | Finer name of NEW Registered Agent and/or NEW Registered C | Office add | ress: | _ | <u>မှ</u> | |
| | 360 SE 2nd Street, Suite NEW Registered Office Address: | 600 | | _ | ω | |
| | Fort Lauderdale FL | 33: | 301 | <u> </u> | | |
| change agent w was/we | mited liability company is not organized under the laws or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the li | egistered oility con the limit | l office ar pany, it i ed liabili bility cor | nd the business office is hereby confirmed the ty company or as othe inpany. | of the registe nat the chang- rwise provid | ered e(s) |
| Signati | ure of a member of anthorized representative of a member | | taith | Printed or typed name o | f signee | |
| provisio the obli to mere | y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change. | e to act it erforman for in Ch ereby con | n this cap nce of my napter 60, firm that | pacity. I further agree duties, and I am fami 5, F.S. Or, if this doct the limited liability co | to comply w liar with and ument is bein ompany has l | ith the accept og filed been |
| Signator | e of Registered Agent | | | | | |

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