## L23000007327

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## COVER LETTER

_	istration Section sion of Corporations					
SUBJECT:	Delicias A y B LLC					
	Name of Limited Liability Company					
Dear Sir or M	vladam:					
The enclosed	l Registered Agent/Registered (	Office Change and	fee(s) are submitted for filing.			
Please return	all correspondence concerning	this matter to the	following:			
Monica Marti	nez					
	Name of Person	_	<del></del>			
Delicias A y l	3					
	Firm/Company		_			
20037 nw 66t	h pl					
	Address		<u> </u>			
Hialeah FL 33	3015					
	City/State and Zip Code	?	<del>_</del>			
trinidadaneud	is@gmail.com					
E-mail	address: (to be used for future a	innual report notif	ication)			
For further in	nformation concerning this matt	er, please call:				
Monica Marti	nez	786 at (	747-8955			
	Name of Person	u. (	Area Code & Daytime Telephone Number			
Regi Divi P.O.	ling Address: Istration Section Sion of Corporations Box 6327 That share the section of the sect		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Encl	osed is a check for the following	ng amount:				
<b>5</b> 2 \$2	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. N	ame of the limited liability company: Delicias A y B LLC	:: 	<b>-</b>			
2. (a)	(a) 20037 nw 66th pl Hialeah FL 33015 (b)			20037 nw 66th pl Hialcah FL 33015		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ ``		failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
3.	01/03/2023  Date of filing/registration in Florida	_ 4.	L230000073.	27 Document number		
5. (a)	Noah Fray					
(b)	Registered Office Address (MUST BE FLORIDA STREET A. 20037 nw 66th pl  Hialeah FL  Aneudis Trinidad  Enter name of NEW Registered Agent and/or NEW Registered C. NEW Registered Office Address:	33015		TALLAHASSEE, FLORIDA		
change agent v was/we the arti  Signa  I here provisi the obli the obli notifies	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liability of a member of all statutes relative to the proper and complete points of all statutes relative to the proper and complete points of my position as registered agent as provided all reflect a change in the registered office address. The limiting of this change.	egistere oility co the lim imited l Mor	ed office and ompany, it is nited liability liability compairs Martinez	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  Printed or typed name of signee city. I tigether gives to comply with the		