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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Email.	MUDICAL			

LLC REGISTERED AGENT CHANGE **DELMAR RECORDS LLC**

Certificate of Status	0
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M. SOLOMON

MAY 2 2 2023

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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	me of the limited liability company: Delmar Records E	LC	
2. (a)		(b)	
- (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3210 W 108th St		
	Hiafeah FL 33018		
	05/16/23	L230002	240516
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ZENBUSINESS INC.		
J. (u)	Registered Agent and Registered Office shown on the records of		State
	336 E. COLLEGE AVE.	. 2	
	Registered Office Address (MUST BE FLORIDA STREET)		
	SUITE 301		MAY AY
	TALLAHASSEE FI.	32301	
(b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	Office address:	2029 MAY 19 AM II: 31
	NEW Registered Office Address.		
	STE 300		
	St. Petersburg, FL	33702	
the cha agent w was/we the arti	mited liability company is not organized under the layinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liate authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registered of ability company. of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
provision the obli to mere	oy accept the appointment as registered agent and agrees ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change. David Roberts - Assistant Secrets	performance of d for in Chapter hereby confirm t	my duties, ánd 1 am familiar with and accept
	David Roberts - Assistant Se	ecretary	