2001	I ONIFORM BUSI	ME22 KEDO	KI (ARK)	_	
DOCUMENT # M0000002629  1. Entity Name			4.4	FILED	
DELTA COORDINATION, L.L.C.				01 MAY 23 AM 7: 39	
Principal Place of Business  2011-A DELTA BLUD  TALLAHASSEE, FL 32303  Mailing Address  SAME				SECRETARY OF STA	TE IDA /
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3619599	Applied For  Not Applicable
Zip	Country	Zip	Country	5 Certificate of Status Desired	5.00 Additional see Required
	6. Name and Address of Current F	Registered Agent		- 7. Name and Address of New Registered Ag	ent
Name					
Brian Swark 3333 S. Atlantic Ave. # 402 Street Address (P.O. Box Number is Not Acceptable)					
2222 2 HAJONAIC HARLI					
Doutona Black FL 32118			City	FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE					
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating) DATE	
FILE NOW!!! FEE IS \$50.00					
			able to Department		
9.	MANAGING MEMBE	RS/MEMBERS	10,	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS	Mar Paul J. SHOULAIN 2344 FITZPATRICK	□ Delete	TITLE NAME STREET ADDRESS		Change
CITY-ST-ZIP	TALLANASSEE FL	32308	CITY-ST-ZIP		
TITLE NAME STREET ADDRESS _CITY_ST_ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change □ Addition S
TITLE		☐ Delete	TITLE	20000044020	
NAME STREET ADDRESS	•	□ Delete	NAME STREET ADDRESS	200004423 -06/18/0101 *****50.00	020004 <b>!</b> *****50.00
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	:	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	, <b>•</b>		STREET ADDRESS CITY-ST-ZIP		
TITLE	•	☐ Delete	TITLE	I	Change  Addition
name Street odress City-St-Zip		•	NAME STREET ADDRESS CITY-ST-ZIP	· · · ·	
TITLE		Delete	TITLE		Change Addition
NAME			NAME	•	· — ·
STREET ADDRESS	•		STREET ADDRESS .		
CITY-ST-ZIP		_	CITY-ST-ZIP		
11. I hereby certify that the information supplied with this I inc floes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that thy signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability complain for the receiver outrusted employered to execute this eport as required by Chapter 608, Florida Statutes.					
SIGNATURE: 3/30/0/ 850-942-0006 SIGNATURE AND TYPED OR PRINTED HAND SIGNING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #					