M05000006812

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Office Use Only



000415200240

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT	7 NO. :	120000000	195					
REFER	RENCE :	985399	7130991					
AUTHORIZA	ATION :							
COST I	IMIT :	-15 25 100	engeni					
		7	ـــــــــــــــــــــــــــــــــــــ					
ORDER DATE : September	3, 2023							
ORDER TIME : 2:05 PM								
ORDER NO. : 985399-017								
CUSTOMER NO: 7130991								
<u>CHANGE</u>	OF AGE	<u>17</u>						
NAME: DELICATE LLC	essen sef	RVICES COMF	PANY .					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY								
XX PLAIN STAMPED COE	Υ.							
CONTACT PERSON: Eyliena								
	EXAMI	NER'S INIT	'IALS:					

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: DELICATESSE	N SERVI	ICI	ES CON	MPANY LLC	
7	(a)	1819 MAIN ST	(1	(b)			
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(٠,٠		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		# 800		}	# 800		
		SARASOTA, FL 34236		;	SARAS	OTA, FL 34236	
		12/12/2005		М	050000	06812	
3.		Date of filing/registration in Florida	4.			Document number	
5.	(a)						
	(/	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	the Florida	a D	ept. of St	áte:	
		Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS	<u>S)</u>		_	
		1200 SOUTH PINE ISLAND ROAD					
		PLANTATION	33324			2023 OCT -3 TÄLLAHASSI	
						FILE AHASSE	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	يو ار	a		
		The name of Man Registered Agent and/or Man Registered	Winet au		<u>css</u> .	SS 3 1	
		Corporation Service Company				ED MII: 30 SEE. FLORID	
		NEW Registered Office Address:					
		1201 Hays Street				0 A	
		Tallahassee	32301				
ch: age wa	ange ent w is/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of organization or the operating agreement of the	registere ability co of the lim	ed mj iite	office a pany, it d liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
		Xie & Coni	_Jil	10	Cilmi, A	Authorized Person	
		ure of a member or authorized representative of a member				Printed or typed name of signee	
pre the to	ovisie obli mere	ny accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	ee to act performa i for in C nereby co	in and he onf	this ca _l :e of my ipter 60 irm tha	pacity. I further agree to comply with the adules, and I am familiar with and accept is. F.S. Or, if this document is being filed the limited liability company has been	
		e of Registered Agent					
ع ا د	ice l	E. Kirby, Asst. Vice President Division of Corporations P.O. I	3ox 6327	7 •	Tallah:	assee, FL 32314	

FILING FEE: \$25.00