M1400000 1859

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates	of Status					
Special Instructions to Filing Officer:							

Office Use Only



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J. HARRIS



CSC - WILMINGTON Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: April 26, 2017

Order#: 605982-006

Re: DELTA FLEX PARTNERS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Tecora Bell c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA, XCOA

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 lial	bility company:	DELTA FLEX P	ARTNERS, L	<u>LC</u>	· · · · · · · · · · · · · · · · · · ·
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(b)	Mailing address of limited liab	
	DALLAS	TX	75234-1927			
	03/20/2014			<u>M1</u>	4000001859	
3.	Date of filir	ng/registration i	n Florida	4.	Document number	
5. (a)	INCORP SERVIC	CES, INC.				
` '	Registered Agent and Re	gistered Office sho	own on the records of t	the Florida Dept	. of State:	
	17888 67TH COU	RT NORTH				
	Registered Office Addre	ss (MUST BE I		7 流 P //2		
						る。
						28 gg
	LOXAHATCHEE		, FL	33470		
						PH 2: 21
(b)			O NUMBER OF THE RES	0.00 L1		~
	Enter name of NEW Reg	ustered Agent and	Vor NEW Registered	Office address:	•	 (*;
	1201 Hours Street					
	1201 Hays Street NEW Registered Office	Address:				
	registered Office	rtudioss.				
	Tallohanana		,	20204		
	Tallahassee		, FL	32301		
the chagent was/w	ange or changes are m will be identical. Or, ere authorized by an a icles of organization of	ade, the Florida in the case of a affirmative vote	a street address of Florida limited lia of the members o	the registered bility compar f the limited l	e of Florida, it is hereby confirm d office and the business office on ny, it is hereby confirmed that the liability company or as otherwise ity company.	of the registered he change(s)
Cian	Jel C.	<u>um</u>	<u> </u>	Jill Cilmi,	Authorized Person	
-	ature of a meinber or author	•			Printed or typed name of sign	
provis the ob to mer	ions of all statutes religious of my positions of my position of the position of this characteristics of this characteristics.	ative to the pro on as registered the registered	red agent and agr per and complete agent as provided office address, I k	ee to act in th performance d for in Chapt nereby confirt	is capacity. I further agree to c of my duties, and I am familiar ter 605, F.S. Or, if this docume n that the limited liability comp	comply with the with and accept nt is being filed any has been
Signati	ire of Registered Agent Co	<u> </u>	vice Company	BY: Grace	E. Kirby, Asst. Vice Presider	nt

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