## P00000101083

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

то:	TO: Amendment Section Division of Corporations				
SUBJECT: DELTA CONSULTING ENGINEERS DESIGN GROUP, INC.					
(Name of Corporation)					
DOCUMENT NUMBER: P00000101083					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
		·			
MARK A. KAMILAR, ESQUIRE (Name of Contact Person)					
(Name of Contact Person)					
(Firm/Company)					
2921 SW 27TH AVENUE					
(Address)					
	COCONUT GROVE, FLORIDA 33133				
(City/State and Zip Code)					
For further information concerning this matter, please call:					
MARK A. KAMILAR, ESQUIRE at ( 305 ) 567-1112					
MARK A. KAMILAR, ESQUIRE  (Name of Contact Person)  at (305) 567-1112  (Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314				
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flo hange is submitted for a corporation organized under the laws of the Stat der to change its registered office or registered agent, or both, in the Stat	te of FLORIDA
	of the corporation: DELTA CONSULTING ENGINEERS DESIGN GROU	•
	,	r, 1140.
2. The principal	al office address: 4870 SW 72ND AVENUE, MIAMI, FL 33155	
3. The mailing a	address (if different):	
4. Date of incor	prporation/qualification: 10/21/2000 Document number:	000001010 \$3
5. The name and	nd street address of the current registered agent and registered office on feartment of State:	
	MICHAEL F. KASHTAN, ESQUIRE	8
	3300 PONCE DE LEON BOULEVARD	
	CORAL GABLES, FLORIDA 33134	ASSE ASSE
6. The name and (if changed):	08 FEB 18 AM 9: 08 TALLAHASSEE, FLORIF ed office	
	MARK A. KAMILAR, ESQUIRE	DA B
	2921 SW 27TH AVENUE  (P.O. Box NOT acceptable)	
	COCONUT GROVE, FLORIDA 33133	
The street address changed will	dress of its registered office and the street address of the business official to identical	e of its registered agent,
Such change was authorized by the	was authories by resolution duly adopted by its board of directors or the loars of the corporation has been notified in writing of the chang	by an officer so te.
Signati	ature of drivofficer or director)    TZESIDEX   Printed or typed nai	
I hereby accept I further agree of my duties, an document is bet corporation ha	pt the appointment as registered agent and agree to act in this capacit e to comply with the provisions of all statutes relative to the proper an and I am familiar with and accept the obligation of my position as reg eing filed merely to reflect a change in the registered office address, I as been notified in writing of this change.	y. Id complete performance istered agent. Or, if this hereby confirm that the
	2/11/01	1
	Signature of Registered Agent) (1/216)	
If signing on be	behalf of an entity:	
· · · · · · · · · · · · · · · · · · ·	(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*