## P02000085061

(Requestor's Name)		
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February 18, 2003

Jim Smith, Secretary of State Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

DELIMANIA, INC.

Document No. P02000085061

Dear Sirs:

With regard to the above matter, I enclose herewith a Change of Registered Office and Registered Agent of DELIMANIA, INC. for filing, along with my trust account check in the amount of \$35.00 for the filing fee. Please send me an acknowledgment that this has been docketed. Thank you very much.

Very truly yours,

Joseph R. Kalish, P.A.

JRK/ma Enclosure OSFEB 21 PM TO 00
SIGNETARY OF STATE
TALLAHASSEE, FLORIDA

DATE FILED: 8/6/02

## STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

- 1. The name of the corporation is: Delimania, Inc.
- The name and address of its present registered agent is: Corporation Service Company, 1201 Hays Street, Tallahassee, Florida 32301.
- 3. The name and street address to which its registered agent is to be changed is: Bruce Spivak, 3636 Henderson Boulevard, Tampa, Florida 33629.
- 4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical. Bruce Spivak, 3636 Henderson Boulevard, Tampa, Florida 336 29.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors. Bruce Spivak and Alice Spivak,

nature:

BRUCE SPIVAK, President/Director

Signature:

ALICE SPIVAK, Vice-President/Director

Date:

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name:

Signature:

BRUCE SPIVAL

Date:

03 FEB 21 PM 41
SECRETARY OF STA