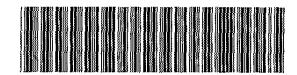
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DELACEY ENTERPRISES, INC.
(Name of corporation)
DOCUMENT NUMBER: P03000060851
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:
GARY DELACEY
(Name of person)
DELACEY ENTERPRISES, INC.
(Name of firm/company)
22037 ASLATIC ST.
(Address)
BOCA RATON, FLORIDA 33428
(City/state and zip code)
For further information concerning this matter, please call:
GARY DELACEY at (561) 451-3785 (Name of person) (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

CR2E045(07/02)

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

	provisions of sections (
this statement of	f change is submitted for			
	in order to change	e its registered offici	e or registered agent,	or both, in the State
of Florida. 1. The name of	the corporation: DELACI	EY ENTERPRISES, II	NC.	0.
	office address: 22037 A			20 Sc
z. The principal	Office address.			6 5
3. The mailing	address (if different):			555
<u></u>				- 20
4. Date of incom	poration/qualification:	06/03/2003	Document number:	P03000060851
	d street address of the cur rtment of State: LARSEN, ERIK C	rrent registered agent	and registered office of	on file with the
	243 W. PARK AVENUE,	, SUITE 201		
	WINTER PARK, FL. 327	<u> </u>		
6. The name a changed):	nd street address of the DELACEY, GARY M	new registered agent	t (if changed) and /or	registered office (if
	22037 ASLATIC ST.			
	(P.O. Bo	ox or personal mailbox NOT a	cceptable)	
	BOCA RATON, FL 33428	3		
The street addragent, as chang	ess of its registered office ed will be identical.	e and the street addr	ess of the business off	ice of its registered
Such change wauthorized by t	as authorized by resolution be board, or the corporation	on duly adopted by it ion has been notified	_	
(Signature of an office	r, chairman or vice chairman of the fi	coard)	ARY DELA	ie) (
I hereby accept	the appointment as reginate to comply with the proving my duties, and I am famul. Or, if this document is I hereby confirm that the	stered agent and agi	ree to act in this capace relative to the proper of the obligation of my to reflect a change in en notified in writing	city. and complete position as the registered of this change.
	lignature of Registered Agent)		90/70 O	5
If signing on beha			(=,	
	Typed or Printed Name)		(Capacity)	

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