P030000 76874

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

то:	Amendment Section Division of Corporations	
SUBJ Name	IECT: Delray Gardens, Inc. of Corporation	
DOC	UMENT NUMBER: P03000076874	
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
Robert	t A Glynn	
Name	of Contact Person	··· ···········
Delray	Gardens, Inc.	
Firm/6	Company	
4728 F	Ridgewood Rd	
Addre	ess	
Boynt	on Beach, FL 33436	
City/S	State and Zip Code	
	dgc@bellsouth.net	
E-ma	il address: (to be used for future annua	l report notification)
For fu	irther information concerning this matter, p	please call:
Robert	t A Glynn	at (⁵⁶¹) ²⁴³⁻⁶⁸⁶⁹ Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo:	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Delray Gardens, Inc.	
2. The principal office address: 4728 Ridgewood Rd Boynton Beach, FL 33436	
3. The mailing address (if different):	
4. Date of incorporation/qualification: Document number: P03000076874	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Resigned	
	2020 FEB
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	~ ~
Robert A Glynn	
4728 Ridgewood Rd	4M 8:
P.O. Box NOT acceptable Boynton Beach, FL 33436	: 50
The street address of its registered office and the street address of the business office of its regist as changed will be identical.	ered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.	so
Lebert A. Glynn, President Robert A. Glynn, President Printed or typed name and title	dent
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 p of my duties, and I am familiar with and accept the obligation of my position as registered agent document is being filed merely to reflect a change in the registered office address. I hereby conficorporation has been notified in writing of this change.	
Signature of Registered Agent 2/25/20 Date	
If signing on behalf of an entity:	
Typed or Printed Name * * * FILING FEE: \$35.00 * * *	