

P05000132998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

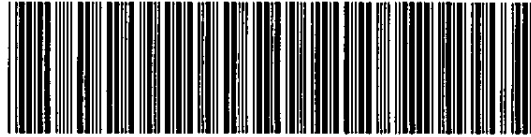
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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1/20/13

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: EXCLUSIVE DELIVERY COMPANY  
Name of Corporation

DOCUMENT NUMBER: P05000132998

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:

JOSE CASAS

Name of Contact Person

EXCLUSIVE DELIVERY

Firm/Company

6900 TOWN HARBOUR BLVD. APT 2814

Address

BOCA RATON, FL 33433

City/State and Zip Code

JCASAS1858@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE CASAS

Name of Contact Person

at (561) 302 4612

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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 28, 2012

JOSE CASAS  
6900 TOWN HARBOUR BLVD., APT 2814  
BOCA RATON, FL 33433

SUBJECT: EXCLUSIVE DELIVERY COMPANY  
Ref. Number: P05000132998

We have received your document for EXCLUSIVE DELIVERY COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 612A00028349

**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, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Exclusive Delivery  
2. The principal office address: 6900 TOWN Harbour Blvd, APT. 2814  
BOCA RATON, FL 33433  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: PO5000138998

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)

AIA Registered Agent INC  
5647 110th Avenue North  
Royal Palm Beach, FL 33411

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Discount Registered Agent  
493 Boundary Blvd.  
P.O. Box NOT acceptable  
Rotonda West, FL 33947  
start date 1-28-12

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Joe Casas  
Signature of an officer or director

JOSE CASAS  
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

George E. Mitchell  
Signature of Registered Agent

If signing on behalf of an entity:

George E. Mitchell  
Typed or Printed Name

George E. Mitchell  
Discount Registered Agent  
Account Manager

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)