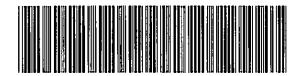
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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	.
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R. WHITE APR 2 8 2020

TO: Amendment Section Division of Corporations SUBJECT: Deficial Passage of No. Name of Corporation DOCUMENT NUMBER: POS 0000 19073 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: MARITHA O. OTIETTA Name of Contact Person Deficial Passage of No. Firm/Company 129 (05 SW 132 nd TeV) Address MARITHA O. DEFICIAL PASSAGE (AGMAN) - Com Deficial Passage of Company Deficial Passag

For further information concerning this matter, please call:

MAV MA GHLV/L7

Name of Contact Person

at (186) 277 500 f

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/L3)

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Delicios Paicas Inc.
2. The principal office address: 12965 SW 132 nd ter.
MIGIMIFL 33186
3. The mailing address (if different):
4. Date of incorporation/qualification: 2 -21 - 2W8 Document number: P08000019073
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)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): MAYTHA O. GATRY/87 12965 SW 132 NOT TEV. PO. Box NOT acceptable
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.
Signature of an officer or director Tossical Gatherner 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.
Hatto 0- Gutting 54/13/2020 Signature of Registered Agent 1 late
If signing on behalf of an entity:
TACTHA O. GUTIERREEZ Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E(45) (04/13)