

(Requestor's Name)		
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Business Entity Name)		
(Document Number)		
Certified Copies		
Special Instructions to Filing Officer:		

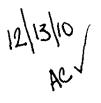
Office Use Only



200188702852

12/13/10 E. DENNARD

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Re: Change of Address Request Letter
December 07, 2010

To: Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327

Tallahassee, FL 32314

1-850-245-6897

From: DELUJO, INC

Document Number P08000054211

To Whom It May Concern:

Please update my new address as mentioned below in your records

**Business New Address:** 

5442 LAKE MAGARET DR APT 1316 ORLANDO, FL 32812

**Business Mailing Address:** 

5442 LAKE MAGARET DR APT 1316 ORLANDO, FL 32812

My old Address as per your records was as below

2009 S SEMORAN BLVD APT. C ORLANDO FL 32822

I hereby certify that the above-mentioned particulars are true to the best of my knowledge.

Lucy Calderon

RECEIVED

10 DEC 13 AM 9: 07

SECRETARY OF STATES

TALLARSSEE FLORIDS