(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<i>⇒#</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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11/18/10



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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: DELTA SHUTTER GRO	UP & ASSOCIATES INC.
DOCU	UMENT NUMBER: P	10000017699
The en	nclosed Statement of Change of Registered C	ffice/Agent and fee are submitted for filing.
Please	return all correspondence concerning this m	atter to the following:
		RTO GONZALEZ
	Name of	Contact Person
		·
		ROUP & ASSOCIATES INC
		in Company
	13690 SW	142ND AVE #28
•		Address
	MIAN	II, FL 33186
	City/Sta	te and Zip Code
	DELTASHUTTERGR	OUP@BELLSOUTH.NET
	E-mail address: (to be used f	or future annual report notification)
For fu	rther information concerning this matter, plea	ase call:
,	GABRIELA GONZALEZ	at (305) 244-5820
	Name of Contact Person	at (303) 244-5820 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the De	epartment 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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA or to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: DELTA SHUTTER GROUP & ASSOCIATES INC.
	office address: 13690 SW 142ND AVE #28 MIAMI-FL 33186
3. The mailing a	address (if different): SAME AS ABOVE
4. Date of incorp	poration/qualification: 02/26/2010 Document number: P10000017699
	d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	13690 SW 142ND AVE #28
	MIAMI, FL 33186
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	EDELBERTO GONZALEZ
	13690 SW 142ND AVE #28
	P O. Box NOT acceptable MIAMI, FL 33186
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so board, of the corporation has been notified in writing of the change.
Symatur	EDELBERTO GONZALEZ Printed or typed name and title
I further agree to of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
All u	enny of EDELBERTO GONZALEZ
	nature of Registered Agent Date
If signing on bel	half of an entity:
Ту	yped or Printed Name

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

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