

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE
DELSIS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

11 OCT 14 AM 10:22

FILED

RA Wch



October 13, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DELSIS, INC.
453 NE 19TH AVE
UNIT D
DEERFIELD BEACH, FL 33441

SUBJECT: DELSIS, INC.
REF: P10000019468

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H11000248014
Letter Number: 611A00023551

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DELSIS, INC.
Name of Corporation

DOCUMENT NUMBER: P10000019468

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:

Robert Parmley
Name of Contact Person

Firm/Company

8145 N. 86TH PLACE
Address

Scottsdale, AZ 85258
City/State and Zip Code

bparmley@delpcompany.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at ()
Name of Contact Person 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

CR2E045 (8/05)

**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: DELSIS, INC.
2. The principal office address: 453 NE 19th Ave. Unit D
Deerfield Beach, Florida, 33441
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/3/2010 Document number: P10000019468
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)

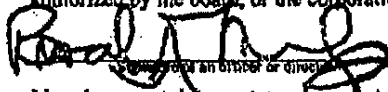
Bradley J Delp
453 NE 19th Ave. Unit D
Deerfield Beach, Florida, 33441

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
P.O. 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

Bradley J. Delp - President

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.

By: C T Corporation System
Connie Bryan
Signature of Registered Agent

10/13/2011
Date

If signing on behalf of an entity:

Connie Bryan
Assistant Secretary
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
CR2B045 (8/05)

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TALLAHASSEE, FLORIDA