P16000038925

| (Requestor's Name) |
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| (noutess) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| , , , |
| (Document Number) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to Filling Officer. |
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COVER LETTER

TO:

Amendment Section Division of Corporations

| DELITO CASTICO DIC | | | | | | | |
|---|---|--|--|--|--|--|--|
| SUBJECT: DELITO CASTIGO, INC. Name of Corporation | | | | | | | |
| DOCUMENT NUMBER: P16000038925 | | | | | | | |
| The enclosed Statement of Change of Registered | d Office/Agent and fee are submitted for filing. | | | | | | |
| Please return all correspondence concerning this | s matter to the following: | | | | | | |
| Carlos Garcia, Esq. | | | | | | | |
| Name of Contact Person | | | | | | | |
| LAW OFFICE OF CARLOS GARCIA, PA | | | | | | | |
| Firm/Company | | | | | | | |
| 66 W FLAGLER STREET, suite 502 | | | | | | | |
| Address | | | | | | | |
| MIAMI, FL 33130 | | | | | | | |
| City/State and Zip Code | | | | | | | |
| marianelallanos01@icloud.co | om | | | | | | |
| E-mail address: (to be used for future annual | report notification) | | | | | | |
| For further information concerning this matter, p | please call: | | | | | | |
| CARLOS GARCIA, ESQ | at (305)371-3777 | | | | | | |
| Name of Contact Person | at (305) 371-3777 Area Code & Daytime Telephone Number | | | | | | |
| Enclosed is a \$35.00 check made payable to the | Department of State. | | | | | | |
| Mailing Address: Amendment Section | Street Address: Amendment Section | | | | | | |
| Division of Corporations | Division of Corporations | | | | | | |
| 121 vision of Corporations | Division of Corporations Division of Corporations | | | | | | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

| statement of cha | inge is submitted | xtions 607.0502, 617 I for a corporation of egistered office or re | rganized | under the law: | s of the State | of_FLO | RIDA | |
|--|--|--|------------------------------------|--|--|-------------------------------------|---|--------------------------------|
| 1. The name of t | the corporation: | DELITO CASTIGO | D, INC. | | | | | |
| | office address:_ | 4.2 9.9 4 3.11 | 76 SHER | IDAN STREE | f Hollywood | d, FL 3302 | 21 | |
| • • | _ | ubmitted 06/09/21* | | | | | | |
| 3. The mailing a | ddress (if differe | ent): | | | | | | |
| 4. Date of incorp | ooration/qualific | ation: 04/29/2016 | | _ Document nu | ımber: P160 | 000038925 | 5 | |
| 5. The name and | l street address o | of the current register If resigned, enter res | red agent | | | | | |
| | MARIANELLA | LLANOS | | | | | | |
| | 3876 SHERIDAN STREET AG | | | | | | 2021 JUN 14 | • म्मूनी |
| | HOLLYWOOD | , FL 33021 | | | | ETAR PARE | ======================================= | 1 |
| 6. The name and (if changed): | l street address o | of the new registered | agent (if | changed) and | or registered | office Soffin | 64 : II MV 4 | |
| | CARLOS GAR | CIA, ESQ. | | | | | 641 | |
| | 66 W FLAGLEI | R STREET. SUITE 50 | 02 | | | | | |
| | | | O. Box NOT | 'acceptable | | | | |
| | MIAMI, FL 331 | <u></u> | | | | | | |
| The street address changed will | ess of its register be identical. | red office and the st | reet addr | ess of the bus | iness office (| of its regi | stered | agent, |
| Such change wa authorized by th | is authorized by ne board, or the | resolution duly add corporation has bee | opted by in notific | its board of di d in writing of | rectors or by the change. | an office | er so | |
| W | | | MARIANELLA LLANOS, President | | | | | |
| ž. | re of an officer or dire | | | | for typed name a | and title | | |
| I further agree a of my duties, an document is bei | to comply with t id I am familiar ing filed merely | it as registered agen the provisions of all with and accept the to reflect a change in writing of this cha | statuteš obligati in the res | ree to act in the relative to the on of my posite istered office | iis capacity, proper and ion as regist address, I h | complete tered agei ereby con | perfo nt. Or ifirm t | rmance · if this hát the |
| < | | | 06 | /09/2021 | | | | |
| Sig | nature of Registered A | Agent | _ | | Date | | _ | |
| If signing on be | half of an entity | <i>r</i> : | | | | | | |
| CARLOS GARC | JIA, ESQ. | | | | | | | |
| T | 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 * * *