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COVER LETTER

Division of Corporations	
AT REMODELING INC	
SUBJECT:Name of Co	orporation
P18000015313	•
DOCUMENT NUMBER:	
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:
ALBERTO TULBA	
Name of Con	tact Person
AT REMODELING INC	
Firm/Co	mpany
2356 CORAL WAY UNIT B	
Addr	ress
LARGO,FL 33771	
City/State an	d Zip Code
at-remodeling@yahoo.com	
E-mail address: (to be used for fu	ature annual report notification)
For further information concerning this matter, please of	call:
ALBERTO TULBA	727 418-4635
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depart	tment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, Fl. 32314	2661 Executive Center Circle Tallahassee, FL 32301

TO: Amendment Section

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

i. the number of	the corporation:	DELING INC.	
2. The principa LARGO,F	Loffice address:	IL WAY UNIT B	
3. The mailing	address (if different):		
1. Date of inco	corporation/qualification: 2/14/2018 Document number: P 18		8000015313
5. The name ar		registered agent and registered office on f	
		RGO FL 33773	FILL 18 APR 211
			— ~ ?! - EE
6. The name ar (if changed):	d street address of the new regi	istered agent (if changed) and /or register	ž 🗇
	ALBERTO TULBA		. \
	2356 CORAL WAY UNIT		
	LARGO FL 33771	P.O. Box NOT acceptable	
The street addi	ess of its registered office and I be identical.	the street address of the business office	of its registered agen
	as authorized by resolution du	ly adopted by its board of directors or bas been notified in writing of the change	v an officer so
Such change wanthorized by t		ALBERTO TULBA	P
authorized by	3/		<u> </u>
Authorized by the Signal	the of an officer or director I the appointment as registered to comply with the provisions from duties, and I am familiar with the corporation has been that the corporation has been	Printed or typed name	
Authorized by the Signal	t the appointment as registered	Printed or typed name	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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