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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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· COVER LETTER

TO:

Amendment Section Division of Corporations

DALICIA CORP		
SUBJECT: DALICIA CORP Name of Corporation		
DOCUMENT NUMBER: P20000097208		
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
JESUS Z ABIKARRAM		
Name of Contact Person		
FREEDOM TAX CENTER		
Firm/Company		
600 W HALLANDALE BEACH BLVD STE 4		
Address		
HALLANDALE BEACH FL 33009		
City/State and Zip Code		
JESUS@FREEDOMTAXRESOLU		
E-mail address: (to be used for future annual report notification)		
	4	
For further information concerning this matter, please	cail:	
JESUS Z ABIKARRAM	954 \454-2080	
Name of Contact Person	at (954) 454-2080 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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 State statement of change is submitted for a corporation organized under the laws of the State of FLO in order to change its registered office or registered agent, or both, in the State of Florida State of	RIDA
	ite.
1. The name of the corporation: DALICIA CORP	
2. The principal office address: 8 PINE AVE	
HALLANDALE BEACH FL 33009	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/14/2020 Document number: P2000009720	18
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)	he
BODERO, DAVID D, SR	
8 PINE AVE	
HALLANDALE BEACH FL 33009	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
JESUS Z ABIKARRAM	-1 ~- 3
600 W HALLANDALE BEACH BLVD STE 4	2021 HAY 1.1 2550 J. S.
P.O. Box NOT acceptable	
HALLANDALE BEACH FL 33009	鎖工具
The street address of its registered office and the street address of the business office of its reas changed will be identical.	gistered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	icer so
DAVID D BODERO SR	
Signature of an officer or director 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 comple of my duties, and I am familiar with and accept the obligation of my position as registered as document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	te performance zent. Or, if this onfirm that the
04/30/2021	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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