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To:

How May Concern

This letter is regarded as LAS DELICIAS DE MARIA, INC. Filed on March 9, 2022, Document No. P22000023489.

The name of the registered Agent is Maria E. Portillo, on the records only the have as Mana E. Protillo.

I want to know if you can make the changes, also change the Manager for President.

Thank you for you help

Best Regards

Mar/a Portillo

7543041824

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Las Delivas de Maria, Inc.
Name of Corporation
DOCUMENT NUMBER: \$ 22000 023489
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:
rease retain an correspondence concerning this matter to the following.
Name of Contact Person
Firm/Company
931 lyons Rd. 4207
931 1yons Rd. 4207 Address
City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dejsy Cruz Name of Contact Person at (754) 304 - 1824 Area Code & Daytime Telephone Number
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 The Centre of Tallahassee 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

statement of chan in order	•	or a corpora	ation organiz	ed under th	e laws of th	ne State of	Florida	<u>a</u>
1. The name of th	ne corporation: _	Las	Delicie	is de	Maria	Inc.		
2. The principal of	office address:	151	NE S	ath.	c+	5334		
3. The mailing ad								
3. The mailing ad4. Date of incorporate	oration/qualificat	ion: <u>03</u> 0	19/2022	Docum	ent numbe	r: P2200	000234	189
5. The name and	street address of ment of State: (If	the current if resigned, ei	registered age nter resigned	ent and regi)	stered offic	e on file with		
_	M6R	Maño	1 E Pa	olitic			2	_
	131	NE	59th.	ct			2022 A	15 C
-	MGR 131 Oakl	and P	ark, F	-L 3:	3334	-	APR 29	※ と で で で で で で で で で で で で で で で で で で
6. The name and (if changed):		_	-	_		-	AM 10: 1	COST OF ATA
_	P. M	laña	E. P	ortill	0		: 17	E.
	151	N.E.	59th	. ct		-		
	Oakl	und f	E. P 59th P.O. Box ? Park,	FL 33	334			
The street address as changed will be							egistered age	ent,
Such change was authorized by the	s authorized by r	esolution di orporation h	uly adopted b as been noti	y its board fied in writ	of directo ing of the o	rs or by an ot change.	ficer so	
Signature	of an officer or direct	nor -		MER	Mar	ia E. Pe	ortillo	
I hereby accept to I further agree to of my duties, and document is bein corporation has	he appointment comply with th I I am familiar w w filed merely to	as registere e provisions tith and acc reflect a ch	s of all statut ept the oblig hange in the	agree to ac es relative : ation of my	t in this ca to the prop position a	pacity. er and compl s revistered o	lete performa went Or if	ince this the
					04/	aslaa		
If signing on beh	ature of Registered Ag	ent			'	rate		
Maria	Port, 110							
Тут	ped or Printed Name							

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