P94000068476

(Requestor's Name)	90018	
(Address)		
(Address)	30010	
(City/State/Zip/Phone.#)		
PICK-UP WAIT MAIL	06/21/10	
(Business Entity Name)	00/21/10	
(Document Number)	KA	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
	1.	



900182328699

06/21/10--01045--026 **35.00

LA to ch

10 JUN 21 AM II: 56

Office Lise Only

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: De Telice Ventures, Inc. Name of Corporation
DOCUMENT NUMBER: P94000068476
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:
L. Martin De Felice
Name of Contact Person
De Telice Ventures, Inc.
1 Kito Company
+0 Box 489
Address
Sarasota, 71 34230
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
L. Martin Develice at (941, 366-0307
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

. 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: De letice Ventures Inc.
2. The principal office address: 1620 Hain St Unit 9
Garasota, 41 34236
3. The mailing address (if different): PO BOX 489
Sarasota, il 34230
4. Date of incorporation/qualification: 914 1994 Document number: P94 00068476
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)
LPS Composate Vervices Inc.
the N. Washington Blied Suite
3(03/
- Caras He 14 24236
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
1/20 M Color (1)
1620 Main Street Unit 7
P.O. Box NOT acceptable
<u> </u>
The street address of its registered office and the street address of the business office of its registered agentas 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.
Amuta Will am L. Worth Do Fetileis.
Signature of an other of 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 complete performance
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.
Corporation has been notified in writing of this change.
The Marie of Registered Agent Old Date
If signing on behalf of an entity: Martin Deblier
Typed or Printed Name

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