K20 000 000 924

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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A. RIVERS
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Day to Day IT Solutions				
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
Peter Pages				
Name of Person				
Firm/Company				
9120 SW 51 ST				
Address				
Miami, FL 33165				
City/State and Zip Code				
ppages@outlook.com				
E-mail address: (to be used for future a	unnual report notification)			
For further information concerning this matt	er, please call:			
Peter Pages	786 \$993463 at ()			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following	ng amount:			
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: Day to Day IT So	olution	is			
2. (a)	Peter Pages		ſh	Peter Pages		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(,,		ailing address o	of limited liability company: BE POST OFFICE BOX)
	9120 SW 51 ST			9120 SW 51	ST	
	Miami, FL 33165			Miami, FL 3	33165	
	1/5/22			L20000000092	4	
3.	Date of filing/registration in Florida	— 4.	-	Γ	Document nu	mber
5. (a)						
). (a)	Registered Agent and Registered Office shown on the records of	f the Fie	orida	Dept. of State:		
	UNITED STATES CORPORATION AGENTS, INC.			•		
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	RESS)		
	5575 S. SEMORAN BLVD. SUITE 36			•		
	ORLANDO	3282				
	, FI	L	- -			
(b)	Enter name of NEW Registered Agent and/or NEW Registered					
	tance name of NEW Registered Agent and/or NEW Registered	a Ome	e ado	iress;		
	Peter Pages					
	NEW Registered Office Address:					
	9120 SW 51 ST					() m)
		_				027 NEX
	Miami	3316	5			2022 JAH 10
	, PI	L				2 = -
f the 1	imited liability company is not organized under the la	ws of	the !	State of Flor	ida, it is here	eby confirmed that after the
hange	or changes are made, the Florida street address of the	regis	tere	d office and	the business	office of the fogistered
vas/wo	vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members	ability	limi	ted liability	company or	as otherwise provided in
he arti	cles of organization or the operating agreement of the	limite	ed li	ability comp	any.	. 56 . 56
	eta Say	E	Peter	Pages		TT.
Signa	ture of a member or authorized representative of a member	-	-	I	Printed or typed	I name of signee
provisi he obl o mere	by accept the appointment as registered agent and aground on some of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I in writing of this change.	ree to perford for thereb	act in C y co	in this capac nce of my du hapter 605, i nfirm that th	city. I further ities, and I ai F.S. Or, if the e limited lial	r agree to comply with the m familiar with and accept his document is being filed bility company has been
<u> </u>	(stax see)					
Signatū	re of Registered Agent					