

N120000001158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

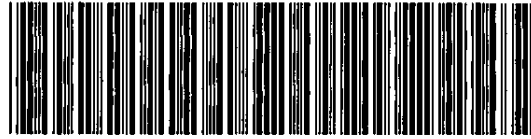
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900263673279

09/02/14--01005--023 **35.00

FILED
OFFICE OF STATE
CLERK
14 SEP -2 PM 3:57

R.A/Rdchs
10/8/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Days of Glory, INC.
Name of Corporation

DOCUMENT NUMBER: N12000001158

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:

Yvonne Murray, Treasurer
Name of Contact Person

Days of Glory, INC.
Firm/Company

18374 N. Celis ST
Address

MARICOPA, AZ 85138
City/State and Zip Code

info@Days of Glory.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvonne Murray at (520) 423-9290
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Days of Glory, INC.
2. The principal office address: 4714 SW 67 AVE, #C-11 Miami, FL 33155
3. The mailing address (if different): -

4. Date of incorporation/qualification: 1/31/2012 Document number: N12000001158

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)
Rafael E Sosa, P.A
3971 SW 8th St, Suite 305
Miami, FL 33134 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Maria Vadia
4714 SW 67 AVE, #C-11
Miami, FL 33155
P.O. Box NOT acceptable

FILED STATE SECRETARY OF CORPORATIONS 14 SEP -2 PM 3:51

The street address of its registered office and the street address of the business office of its registered agent, as 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.

Signature of an officer or director: [Handwritten Signature]

Yvonne Murray, Treasurer
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 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.

Signature of Registered Agent: [Handwritten Signature]

8-28-14
Date

If signing on behalf of an entity:
Maria Vadia
Typed or Printed Name

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