## N12000001158

(Re	equestor's Name)	
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— (Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **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.
18374 N. Ce 115 ST
MARICOPA AZ 85/38 City/State and Zip Code
In fo@ Days of 6/ory, 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 navable 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.	
1. The name of the corporation: $Days of Glory, INC$ ,  2. The principal office address: $47145w67AvE, \#C-11$ $Miami, FL. 33155$	 
3. The mailing address (if different):	_
4. Date of incorporation/qualification: 1/31/2012 Document number: 1/2000001158	2
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. Swite 305	
Miami, FL. 33134 US	,
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	THE TO
Maria Vadia	الآل الله المعادر الما المعادر الما المعادر المعاد المعادر المعاد
$\frac{47/45\omega_{67}AVE_{+}\#C^{-}//}{P.O. Box NOT acceptable}$	£ .
Miani, FL. 33155	
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, of the corporation has been notified in writing of the change.	
January Murray Trea Ste Signature of an officer or director Printed or typed name and title	ver
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 dulies, 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 Date	
If signing on behalf of an entity:	
Maria Vadia	
Typed or Printed Name	

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