CORPDIRECT AC 1034N. MERIDIAN TALLAHASSEE, I 222-1173 FILING COVEF ACCT. #FCA-14	SHEET (1)()()()()()()()()()()()()()()()()()()
CONTACT:	Iricia Tadlock
DATE:	5.17.02
REF.#:	0000078054400 =09/17/0201053003 =*****55.00 ******55.00
CORP. NAME:	Day Property Management, LLC
() ARTICLES OF INCO () ANNUAL REPORT () FOREIGN QUALIFIC () REINSTATEMENT () CERTIFICATE OF C. X) OTHER: STATE FEES PR AUTHORIZATIO	() TRADEMARK/SERVICE MARK () FICTITIOUS NAME () MERGER () MERGER () ARTICLES OF DISSOLUTION () LIMITED PARTNERSHIP () LIMITED LIABILITY () MERGER
DI EACE DECE	COST LIMIT: \$
PLEASE RETURN	- 071-07
CERTIFIED COPY () CERTIFICATE OF S'	() CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY

Examiner's Initials

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agom, or bom, in me biate	oj Pioriaa.	•	
1. The name of the limited	liability company is:Day_P	roperty Management, LLC	
2. The mailing address of	the limited liability company is:	6122 Galleon Way	
,		Tampa, Florida 33615	
Sept. 13, 200	2,effective 9-6-02	L02000023852	,
3. Date of filing/registration	on in Florida	4. Document number	
5. The name of the registers Florida Department of St	ed agent and the registered office tate:	address as shown on the records	s of the
<u>.</u>	D. Michael O'Leary Name		••
-	101 E. Kennedy Boulevar Address	d, Ste. 2700	
•	Tampa, Florida 33602 City, State and Z	ip	Sø ç
6. The name and address of	the new registered agent and/or		02 SEP 17 SECNLIAR ALL AHASS
•	CorpDirect Agents, Inc	~ 1943000054291	ASS.
· 	Name 103 N. Meridian Street	t	
	Florida street address (P.O. Box	NOT acceptable)	
_	Tallahassee FL 323	· ·	0 m 7
	City, State and Zip		
and the business office of the liability company, it is here the members of the limited the operating absence of the limited the operations.	any is not organized under the lavinge or changes are made, the Floringe or changes are made, the Floringe or confirmed that the change(s) valiability company or as otherwise the limited liability company.	rida street address of the register al. Or, in the case of a Florida li	red office imited
Sonature of a member or authorize	d rapresentative of a member)	,	
Kenneth L. Day, Man	ager	· ·	
(Printed or typed name of signee)	7		_
Chapter 608, F.S. Or, if thi address, I hereby confirm th	ment as registered agent and agroup of all statutes relative to the properce of the obligations of my positions of my positions of the limited liability company has the liability	ee to act in this capacity. I furti er and complete performance of ion as registered agent as provi ly reflect a change in the registe has been notified in writing of th	her agree to fmy duties, ided for in ered office is change.
V	Its Agent: Cynthia A		
Division of	of Corporations, P.O. Box 6327	, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18(10/99)