## 00001376el

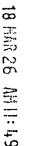
(Re	questor's Name)						
(Ad	dress)						
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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
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(Do	cument Number)	<del></del>					
Certified Copies	_ Certificates	of Status					
Special Instructions to	Eiling Officer:						
Special instructions to	rimig Officer.						

Office Use Only



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## **COVER LETTER**

Registration Section

TO:

Divi	ision of Corporations					
SUBJECT:	LAW OFFICES OF PHILLIP DAY, P.L.  Name of Limited Liability Company					
SUBJECT:						
Dear Sir or l	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please return	n all correspondence concerning th	is matter to the f	following:			
PHILLIP D	DAY					
	Name of Person		<u> </u>			
LAW OFF	ICES OF PHILLIP DAY, P.L.					
	Firm/Company					
10801 ST	ARKEY ROAD #104-245					
	Address					
SEMINOL	E, FL 33777					
	City/State and Zip Code		_			
PHIL@PH	IILDAYLAW.COM					
E-mail	address: (to be used for future ann	ual report notifi	cation)			
For further in	nformation concerning this matter,	please call:				
PHILLIP D		727 at (	չ 475-2591			
	Name of Person	_ " (	Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Reg Div P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enci	losed is a check for the following	amount:				
☑ \$2	25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy			
INHS18 (2/14	<b>(</b> )					

## 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. N	ame of the limited liability company: LAW OFFICE	-S OF	PHILLIP D	AY, P.L.			
2. (a)	10801 STARKEY ROAD #104-245	ı	(b) 10801 STARKEY ROAD #104-245				5
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		· -	Mailing address of l (Note: MAY BE		-	
	SEMINOLE, FL 33777		SEMINO	DLE, FL 3377	7		
	02/10/2005	_	L050000°	13761			
3.	Date of filing/registration in Florida	4.		Document num	ber		
5. (a)	PHILLIP DAY						
,	Registered Agent and Registered Office shown on the records of 10801 STARKEY ROAD #104-245	the Flori	da Dept. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	-			
	SEMINOLE , FI	33777	7	-		18 MAR	
(b)	PHILLIP DAY				): G:	64 CO	••
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	ddress:	-	71	Alf	. 1
	10801 STARKEY ROAD #104-245			_	95. 100.	84:11 M	, p. 164 .
	NEW Registered Office Address:				***		*
	SEMINOLE , FI	33777	7	-			
the cha agent t was/w	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light ere authorized by an affirmative vote of the members of the operating agreement of the	ws of the fithe registry of the line th	e State of Flo istered office company, it is mited liabilit	e and the busines s hereby confirm y company or as apany.	ss office	of the	registered
Sign	ture of a member or authorized representative of a member			Printed or typed n	ame of sig	gnee	
provis the ob- to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change	ree to a perfori d for in hereby	ct in this cap nance of my Chapter 605 confirm that	acity. I further a duties, and I am i. F.S. Or, if this the limited liabi	agree to familia s docum lity com	compl r with i ent is t pany h	y with the and accept peing filed as been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00