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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ______

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RENE AYALA

Name of Person

DAYLIGHT CONCEPTS

Firm/Company

6710 Benjamin Rd #100

Address

Tampa, FL, 33634

City/State and Zip Code

Ayalarene@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RENE AYALA 813 3858873 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Enclosed is a check for the following amount:

□ \$25 Filing Fee

2661 Executive Center Circle

Tallahassee, Florida 32301

S55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

Telepho

ALLAHÁSSEE, FLORIDA

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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.

| Florida | a. | | | | | | | | |
|---------|---|----------------------|-----------|--|------------------|--------|---------|--|--|
| 1. Na | ame of the limited liability company: | | PTS, LLC | | | | | | |
| 2. (a) | | | n)(r | | | | | | |
| . , | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | `` | | Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) | | | | | |
| | 6710 Benjamin Rd Suite #100, Tampa, FL | - | 6710 Be | njamin Rd | Suite # | 100, T | ampa, F | | |
| | 33634 | | 33634 | | | | | | |
| | June 13, 2006 | | L0600006 | 50160 | | | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document r | umber | | | | |
| 5. (a) | Greg Otero | | | | | | | | |
| (b) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | | | | |
| | Airport Corporate Center | | | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | T ADDRES | <u>51</u> | - | | | | | |
| | 6710 Benjamin Rd, Suite 100 | | | | | | | | |
| | Tampa | _{FL} 33634 | | - | | | | | |
| | Rene Ayala | | | | | 2311 | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | e <u>d Office ad</u> | ldress: | - | Ĺxi | 1001 | -n | | |
| | RENE AYALA | | | _ | ALLAHASSEE FLÜRD | 61 IC | | | |
| | NEW Registered Office Address: | | | | | Ū. | 577 | | |
| | 6710 Benjamin Rd. Suite #100 | | | - | | 5 5 | D | | |
| | ТАМРА | _{c1} 33634 | | | n. Di | : 20 | | | |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of granization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Ga <u>Ole</u> Printed or typed name of signee

:[

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent _____ S Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314

FILING FEE: \$25.00