LOSDODOGODO

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE
ALL AHASSEF, FLORIDA

BESTIC!

COVER LETTER

TO: Registration Section

Divi	ision of Corporations						
	Daylight Auto Financing LLC						
SUBJECT:	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Of	fice Chan	ge and	fee(s) are submitted for	filing.		
Please return	n all correspondence concerning the	nis matter	to the	following:			
Lloyd P Jo	orgensen 			_			
	Name of Person						
Daylight A	Auto Financing LLC			•••			
	Firm/Company			_	TAL:		
2816 W H	lwy 98				2015 NOV - 2 SECRETAR FALLAHASS		
`	Address				-2 AKY ASSE		
Panama C	City, FL 32401				D 2		
	City/State and Zip Code			. 	2: 44 STATE LORIDA		
daylightna	ationwide@yahoo.com				*		
E-mail	address: (to be used for future an	nual repo	rt notif	ication)			
For further i	information concerning this matte	r, please o	all:				
Lloyd P Jo	orgensen	at (50	215-1769			
	Name of Person	\		Area Code & Daytime	Telephone Number		
Reg Divi Clift 266	REET/COURIER ADDRESS: distration Section dision of Corporations don Building Executive Center Circle dahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enc	closed is a check for the followin	g amoun	t:				
☑ \$	25 Filing Fee		□ \$5	55 Filing Fee & Certified	і Сору		
INHS18 (2/14	4)						

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.

Name of the limited liability company: Daylight Auto Financing LLC					
2. (a)	(b) _			
2. (0	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2816 W Hwy 98	2	816 W Hwy 98		
	Panama City, FL 32401		anama City, FL 32401		
	March, 25,2015	LO	8000090621		
3.	Date of filing/registration in Florida	- _{4.} -	Document number		
5. (、Anthony J Agerone				
J. (i	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:		
			•		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			
	2816 W Hwy 98		· ·		
	Panama City , FI	_32401	TALLS SEC		
(t	Lloyd P Jorgensen .		S NOV - 2 LAHASSEE		
()	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	SSEE 2		
	NEW Registered Office Address:		2: 45		
	2816 W Hwy 98		P		
	,				
	Panama City, FL	32401			
the cagen was/	e limited liability company is not organized under the lathange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the register iability comp of the limite c limited liab	red office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in illity company.		
	nature of a member of authorized representative of a member	Lioyu	P Jorgensen Printed or typed name of signee		
I her prove the o	reby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as provide well reflect a change in the registered office address, I seed in writing of this change.	e performanced for in Cha	this capacity. I further agree to comply with the see of my duties, and I am familiar with and accept onter 605. F.S. Or. if this document is being filed		
Signa	tike of Registered Agent				