

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000101647

**FILED**  
**Oct 28, 2012**  
**Secretary of State**

**Entity Name:** BETTER DAYS OF NORTH CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

462 NW 259TH TERR  
NEWBERRY, FL 32669

**New Principal Place of Business:**

1215 NE 14TH ST  
GAINESVILLE, FL, FL 32601

**Current Mailing Address:**

462 NW 259TH TERR  
NEWBERRY, FL 32669

**New Mailing Address:**

1215 NE 14TH ST  
GAINESVILLE, FL 32601

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAYS, CHRISTOPHER A  
462 NW 259TH TERR  
NEWBERRY, FL 32669 US

**Name and Address of New Registered Agent:**

DAYS, CHRISTOPHER A  
1215 NE 14TH ST  
GAINESVILLE, FL 32601 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHRISTOPHER A. DAYS

10/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DAYS, CHRISTOPHER A  
Address: 1215 NE 14TH ST  
City-St-Zip: GAINESVILLE, FL 32601

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTOPHER A. DAYS

MRG

10/28/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date