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COVER LETTER

Division of Corporations					
SUBJECT: Park 4 Dayz, LLC Name	of Limited	Liability Company			_
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	e Change a	nd fee(s) are submitted f	or filing.		
Please return all correspondence concerning this	matter to tl	ne following:			
James Hodges					
Name of Person	. 				
Park 4 Dayz, LLC					
Firm/Company	_				
850 Seminole Woods Blvd					
Address					
Geneva, FL 32732			. .	Ĺŝ	
City/State and Zip Code				133 133	
jh@seminolestatecon.com			:	1 2b	
E-mail address: (to be used for future annu-	al report no	otification)		-J	- 1
For further information concerning this matter, p	lease call:		:	1 3	٠٠
Magie Hodges	407	467-6408		Ü,	
Name of Person	_ ~ (Area Code & Dayt	ime Telep	hone Nu	mber
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 323	s		
Enclosed is a check for the following a	imount:				
☑ \$25 Filing Fee		\$55 Filing Fee & Certi	fied Copy		

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	lame of the limited liability company: Park 4 Dayz,	LLC							
2. (a)									
	Sanford, FL 32773	Geneva, FL 32732							
	07/00/0044			4400005	.0070				
,	07/30/2014	_ ,	_	1400005	Docum		mbar	<u>-</u>	<u></u>
3.	Date of filing/registration in Florida	4.			Docum	ciit iiti	moer		
5. (a	Registered Agent and Registered Office shown on the records of Jamie Hodges				::				
	Registered Office Address (MUST BE FLORIDA STREET) 3850 East Lake Mary Blvd	<u>ADDRI</u>	<u>ESS)</u>						
	Sanford F	, 3277	73						
	James Hodges NEW Registered Office Address: 850 Seminole Woods Blvd				-		135 L'12	. 1	
		<u>327</u> 3	32		-		2h D 2	· . ; :	
the cl agent was/v	Iimited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited leaver authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the re liability of the e limite	egis y co limi ed li	tered office mpany, it is ited liabilit ability con	e and th s hereby y compa npany.	e bušii y confi	eby confiness officer	ce of the reg it the chang	gistered je(s)
	nature of a member or authorized representative of a member	J	Jan	es Hodg		or type	I name of:	sionee	
I her provi the ol to me notifi	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, a ed in writing of this change.	gree to e perfo led for l l hereb	act orma in C y co	in this cap, ince of my hapter 605 infirm that	azite 1	furthe	or autroo	ta cample s	vith the Laccept ng filed been
Signa	ture of Registered Agent								
	Division of Corporations P.O.	Box 6	327	• Tallahas	ssee, FI	. 3231	4		

FILING FEE: \$25.00