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COVER LETTER

TO:	Registration Section Division of Corporations			
CUDI	PARK 4 DAYZ, LLC			
SUBJ		ne of Limited Li	ability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing	
Please	return all correspondence concerning th	nis matter to the f	ollowing:	DEPAR DIVISION TALLA
KEVI	N K ROSS-ANDINO, ESQ.			TMENT HOF CO HASSE
	Name of Person			ERFO.
ECL/	AT LAW LLP			OWEN WINTS
	Firm/Company		_	7
2180	W. STATE RD 434 SUITE 2100			
	Address		_	
LONG	GWOOD, FL 32779			
	City/State and Zip Code			
KEVI	N.ROSS@ECLATLAW.COM			
Е	-mail address: (to be used for future and	nual report notifi	cation)	
For fu	ther information concerning this matter	, please call:		
KEVI	N K ROSS-ANDINO	407 at (636-7004	
	Name of Person		Area Code & Daytime Tele	phone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	istration Section ision of Corporations Box 6327 ahassee, Florida 32314	
	Enclosed is a check for the following	g amount:		
	□ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy	y
INHSI	8 (2/14)			



April 25, 2018

KEVIN K ROSS-ANDINO ECLAT LAW LLP 2180 W STATE ROAD 434, STE 2100 LONGWOOD, FL 32779

SUBJECT: PARK 4 DAYZ, LLC Ref. Number: L14000052078

We have received your document for PARK 4 DAYZ, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

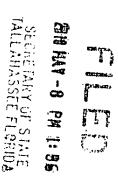
We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051:

Jenna D Harris Regulatory Specialist II

Letter Number: 018A00008510



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.

2. (u)	Principal office address of limited liability company:		(b)		****		<u></u>
`,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3858 E. LAKE MARY BLVD		<u>(N</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) MINOLE WOODS BLVD			
	SANFORD, FL 32773		GENEVA F				
	3/28/2014		L140000520	78			
3.	Date of filing/registration in Florida	4.	Do	cument number	<u> </u>		
5. (a)	Registered Agent and Registered Office shown on the records						
	Registered Agent and Registered Office shown on the records JAMES HODGES	of the Flori	da Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREE 850 SEMINOLE WOODS BLVD	ET ADDRE.	<u>(SS)</u>				
	GENEVA,	3273 FL	2		Σ_{σ}	<u>03</u>	
						32	
(b)					主m 对提	333 	SERVICE STREET
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Uffice a	iddress:		TARY OF	ထ	1
	KEVIN K ROSS-ANDINO					Мď	1
	NEW Registered Office Address:					****	£ 1.000
	2180 W. STATE RD 434 SUITE 2100				STATE	80	
	LONGWOOD	3277 FL	9				
if the li	imited liability company is not organized under the		e State of Florid	o it is haraby o	onfirmed	l that	ofter
he cha	inge or changes are made, the Florida street address	of the reg	istered office an	d the business of	office of	the re	gister
	vill be identical. Or, in the case of a Florida limited authorized by an Affirmative vote of the member	l hability s of the li	company, it is he mited liability co	reby confirmed impany or as ot	that the	chang provid	ge(s) led in
igent v väs/we	cles of organization of the operating agreement of t	he limited	l liability compar EVIN K ROSS	ıy.	,		
was/we he arti			COUR A KIIV	-ANDINO			
vas/we he arti	uk Tob Nac			. 1 1	c ·		
vas/we he arti Signa	ture of a member of authorized representative of a member by accept the appointment as registered agent and constant of all statutes relative to the proper and comple			nted or typed name	_		

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