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SECRETARY OF STATE

K. SALY MAR 1 3 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 6 Day Mate Management Company, LL 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:
Amy Foote Name of Person
G'Day Mate Mat Co, LLC. Firm/Company
(0172 Hedgesparrows Lane
Sanford, FC 32771 City/State and Zip Code
DE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amy Foote at (407) 4515171 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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	ime of the limited liability company: 6 Day Mate Management Company, LCC.	
2. (a)	(b)	
 · ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	6172 Hedgesparrows Lane 6172 Hedgesparrows Cane	
	Sanford, Fl 32771 Sanford, Fl 32771	
	10/06/2014 L14000156382	
3.	Date of filing/registration in Florida 4. Document number	
5. (a)	Jason Boffey	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	1881 Merlot Drive	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1881 Merclot Drive Sanford , FL 32771	
(b)	Amy Foote	
(*)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	80 08	
	NEW Registered Office Address:	
	6172 Hedgesparrows Lane	
	Sanford, FL 32771	
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 organization or the operating agreement of the limited liability company.		
Signa	ture of a member or authorized representative of a member Printed or typed name of signee	
I here provis the obi to mer notifie	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed sly reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in whiting of this change.	
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