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SECRELARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: BRAND NEW DAY COUNSE Name of Limite	Ed 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:
JESSICA SAUDR Name of Person	
BRAND NEW DAY COUNSELING, LLC Firm/Company	
924 N. MAGNOUA AVE. STE#350 Address	SECRETAL TALLAHAS
OPLANDO, FL 32808 City/State and Zip Code	TE PROPERTY OF STATE
brandrewdaycounselore amail. com E-mail address: (to be used for future annual report n	notification)
For further information concerning this matter, please call	:
JESSICA SAUER at (40) Name of Person	7) 733-5392 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

Clifton Building

\$25 Filing Fee

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

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	ame of the limited liability company: BRAND	NEWD	AY COUN	iseung, ll	.c	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. ,	N. MAGNOL Mailing address of limite (Note: MAY BE POS	d liability o	ompany:
	STE #350		STE #	*		···
	OPLANDO, FL 32803		OPLA	NDO, FL 325	203	
	00/00/16	<u>.</u>	<u> </u>	0108532	;	
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	VESSICA SAMER Registered Agent and Registered Office shown on the record	Is of the Florid	da Dept. of State	:		
	760 CONPOY-WINDERMEPE F	CADS		1.	SE 6	
	Registered Office Address (MUST BE FLORIDA STRE	<u>ELI ADDRES</u>	<u> </u>		G JUN	77
	Obrrudo	, FL <u>32</u>	285	ASSEE	N T4	
(b)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office a	ddress:	, EL ORIDA	PH 3: 44	O
	924 N. MAGNOUA AVENUE NEW Registered Office Address:	<u>.</u>				
	SUITE #350					
	OPLANDO	, FL <u>328</u>	5 03			
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the membericles of organization or the operating agreement of	ss of the reg ed liability of ers of the lin	istered office company, it is mited liability	and the business of hereby confirmed to company or as oth	ffice of the cl	e registered hange(s)
	ature of a member of authorized representative of a member		JESSI	A SAUER Printed or typed name	of ciomaa	
I here provis the obto men	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change.	lete perfori vided for in	ct in this capa nance of my a Chapter 605,	icity. I further agre luties, and I am fam F.S. Or, if this do	e to comp iliar with cument is	and accept being filed

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

Signature of Registered Agent