

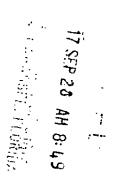
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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SEP 2 9 2017 Y SULKER

COVER LETTER

	Registration Section Division of Corporations								
SUBJEC	Madison Day Properties, LLC								
Name of Limited Liability Company									
Dear Sir	or Madam:								
The encl	osed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.							
Please re	eturn all correspondence concerning th	is matter to the following:							
Daniel	Day								
	Name of Person								
Madisc	on Day Properties, LLC								
	Firm/Company								
2507 D	Deercroft Dr								
	Address								
Melbou	ırne, FL 32940								
	City/State and Zip Code								
dday@	precisionstructural.com								
E-n	mail address: (to be used for future and	ual report notification)							
For furth	er information concerning this matter.	please call:							
Daniel	Day	406 992-1518							
	Name of Person	Area Code & Daytime Telephone Number							
F L C 2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
I	Enclosed is a check for the following	amount:							
5	2 \$25 Filing Fee	□ \$55 Filing Fee & Certified 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.

(a)	Principal office address of limited liability compa	((b)					
	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any:		:	Mailing address	of limited	liability (company:
	2507 Deercroft Dr			2507 De	(<u>Note: MAY BE POST OFFICE BOX</u>) 507 Deercroft Dr			
	Melbourne, FL 32940			Melbourne, FL 32940				
	09/16/2016		L16000179730					
	Date of filing/registration in Florida	4.	_	-	Document n	umber		
(a)								
. ,	Registered Agent and Registered Office shown on the re-	cords of the Flori	da i	Dept. of State	- e:			
	Daniel Day	_		·	-			
	Registered Office Address (MUST BE FLORIDA ST	TREET ADDRES	<u>(2.2</u>					
	182 Copenhaver Ave NE				-			
	Palm Bay	, FL 32907	7					
						3 ,	San .	
h)	Enter name of NEW Registered Agent and/or NEW Re				-	; ; ; \	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	Since that of the transfer of	Elsterta Office a	iaa	(433)		7. 2.	17 SEP 28	
	Daniel Day					25. 25.	(c)	
	NEW Registered Office Address:				-	· · ·	AM	\$-
	2507 Deercroft Dr	_ .			_	"ASSEC H PAIL	AM 8:4	,
	Melbourne	, FL 32940	0			3,	9	
15				2	-	,	- ,	.1 . e
eha it v 'we	imited liability company is not organized underinge or changes are made, the Florida street add will be identical. Or, in the case of a Florida lingual and an affirmative vote of the mercles of organization or the operating agreement	lress of the reg nited liability o mbers of the lir	gist cor mit	ered office npany, it is ted liability	e and the busi s hereby conf y company or	ness offi	ce of that the c	ne regist hange(s
	James 1 de	Da	ani	iel Day				
	ture of a member or authorized representative of a membe				Printed or type	ed name of	sience	

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

notified in writing of this change.

Signature of Registered Agent