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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Day Life Property Menovations, LLC 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:		
Carina Dominguez Jimenez Name of Person		
Buylife Property henovations, UC Firm/Company		
867 W. bloomingolale Ave. 6783 Address		
Drandon, FL 33508 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Caving D. Jimene 2 at (813) 442-9183		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\square\$ \$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
1. Name of the limited liability company: buylife Property Newsvilors, LLC
2. (a) _ Vrincipal Office (b) Mailing Address
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
36410 Vikmar dr. 867 W. Bloomingdale Ave. 678
Zephyrhills, Fl. 33541 Brandon, Fl. 33508
05/26/2017 L17000117150
3. Date of filing/registration in Florida 4. Document number
5. (a) Carina Vominguez Jimenez
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
_ Begistered Agent (same)
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
6646 Angus Valley Dr. Ell & T
Mesley (Nagel 1 33544 SE 2 F
Time 3 D
(b) aring Dominguez) menez
Enter name of NEW Registered Agent and/or NEW Registered Office address:
New hegistered Affice
NEW Registered Office Address:
36410 Pikmar Dr.
Zephyrhills ,FL 33541
• /
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 attermative 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.
Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent