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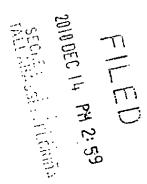
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| Special Instructions to F | filing Officer: | |
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I ALBRITTON

COVER LETTER

| Division of Corporations | | |
|--|--|--|
| SUBJECT: Dayfora Surshine Name of Lim | Narketing, UC ited Liability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office Change | ge and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter | to the following: | |
| Michelle F. Carrasquillo Name of Person | | |
| Daytoxa Sussine Mark Firm/Company | lettic | |
| P. O. BOX 7152 Address | | |
| Dayfora Beach Shores, FC | <u> 32118</u> | |
| MCV99@acol.Com. E-maileddress: (to be used for future annual repor | T notification) | |
| For further information concerning this matter, please call: | | |
| Michigan Carrasquello at (and and at (and and at (and | 386 J 212-3474 Area Code & Daytime Telephone Number | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building | P.O. Box 6327 | |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 | |
| Enclosed is a check for the following amount | ; | |
| S25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | |

TO:

Registration Section



December 1, 2018

MICHELLE CARRASQUILLO DAYTONA SUNSHINE MARKETING LLC P.O. BOX 7152 DAYTONA BEACH SHORES, FL 32118

SUBJECT: DAYTONA SUNSHINE MARKETING, LLC

Ref. Number: L18000095230

We have received your document for DAYTONA SUNSHINE MARKETING, LLC and your check(s) totaling \$25.00. 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.

The document must also contain the address of the registered agent which must be at a Florida street address.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number:

Letter Number: 518A00024619

RECEIVED

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. Name of the limited liability company: Daytora Surshine Marketing, LLC |
| 2. (a) 520 Bostwick ave. (b) PO. Box 7/52 |
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| |
| Dayfoxa Block, K 52/18 Dayfoxa Black Shores, R 321 |
| |
| 4/16/13 |
| 3. Date of filing-registration in Florida 4. Document number |
| 5. (a) Michelle F. Carrasquille |
| Registered Agent and Registered Office shows on the records of the Florida Dept. of State: |
| 4570 Barracle Br. |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Pt. O100000 |
| |
| Pt. Orange FL 32/27 |
| (b) Dariel M. Furickello |
| Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| 520 Bostwick Que |
| NEW Registered Office Address: |
| |
| Daytona Beach FL 32/18. |
| 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. |
| Michelle & Carronelli Michelle Careasquillo |
| Michelle Cacrasquille Signature of a member or authorized representative of a member Michelle Cacrasquille 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. |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.80

Signature of Registered Agent