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S. YOUNG

## COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	MY DAY Limited Liability Co	mpany					
3003	Nam	Name of Limited Liability Company					
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to	the following:				
Vale	ria Sadovych						
	Name of Person		<del></del>	- <del></del> -1			
MY [	DAY Limited Liability Company			SECRE	18 DEC		
-	Firm/Company			HASS			
1830	South Ocean Drive apt 3412				-3 ≩		
	Address			) 22 23	옷 ::		
Halla	indale Beach, FL, 33009			A			
	City/State and Zip Code						
vsad	ovych@outlook.com						
_	E-mail address: (to be used for future ann	ual report	notification)				
For fu	rther information concerning this matter,	please call	;				
Valer	ria Sadovych	305	7937783				
_	Name of Person		Area Code & Daytime Telep	hone 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				
	Enclosed is a check for the following	amount:					
	<b>☑</b> \$25 Filing Fee	Ţ	\$55 Filing Fee & Certified Copy	,			

INHS18 (2/14)

## 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.

l. Ni	ame of the limited liability company: MY DAY Limi	ited Liability Co	mpany		
2. (a)	701 Three Islands Blvd apt 306	(b) 1830 S	(b) 1830 South Ocean Drive apt 3412		
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Hallandale Beach, Florida	Hallan	dale Beach, Florida		
	33009	33009			
	5/16/2018	474			
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Kyrylo Nechepurenko				
	Registered Agent and Registered Office shown on the records of	rate:			
	701 Three Islands Blvd., Apt. 306				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		A R FI		
	701 Three Islands Blvd., Apt. 306		FILE -S		
	HallandaleBeach F1	33009			
	,		- Correction of the correction		
(b)	Kyrylo Nechepurenko				
, ,	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	P		
	1830 South Ocean Drive #3412				
	NEW Registered Office Address:				
	1830 South Ocean Drive #3412	<del></del>	_		
	Hallandale Beach Fi	33009			
the cha agent v was/we the art	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lierc authorized by an affirmative vote of the members of icles of organization or the operating agreement of the autre of a member or authorized representative of a member	f the registered off lability company, i of the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.		
		ree to act in this co			
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	ree to act in this co e performance of m ed for in Chapter 6 hereby confirm the	y duties, and familiar with and accept to the series of the series of this document is being filed at the limited liability company has been		

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