

7/3/2019

Division of Corporations

219000141931

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KATZ BASKIES LLC
Account Number : I20080000071
Phone : (561)910-5700
Fax Number : (561)910-5701

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: thomas.katz@katzbaskies.com

SECRETARY OF STATE
JUL 3 2019 10:40 AM

2019 JUL -3 AM 10:40

19 JUL -3 PM 12:14

LLC REGISTERED AGENT CHANGE
NEW DAY FINANCIAL SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 05 2019

M. SOLOMON

H1900020458

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Day Financial Solutions 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:

Thomas O. Katz

Name of Person

Katz Baskies & Wolf PLLC

Firm/Company

3020 North Military Trail Suite 275

Address

Boca Raton, FL 33431

City/State and Zip Code

thomas.katz@katzbaskies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas O. Katz

Name of Person

at (561)

910-5700

Area Code & Daytime Telephone 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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

H19000204

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH IN 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: New Day Financial Solutions LLC
2. (a) 4613 N University Drive
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 211
Coral Springs, FL 33067
- (b) 4613 N University Drive
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 211
Coral Springs, FL 33067
3. June 5, 2019
Date of filing/registration in Florida
4. L19000149317
Document number
5. (a) Michael Griffith
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4613 N University Drive
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 211
Coral Springs, FL 33067
- (b) Katz Baskies & Wolf PLLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
3020 North Military Trail
NEW Registered Office Address:
Suite 275
Boca Raton, FL 33431

2019 JUL -3 AM 10:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 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.

[Signature]
Signature of a member or authorized representative of a member

Thomas O. Katz

Printed or typed name of signer

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 understand 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]
Signature of Registered Agent

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