L2300016205

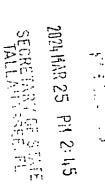
| (Requestor's Name) | | | | | | | |
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| (123.227) | | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | | |
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| <u>-</u> | | | | | | | |
| (Business Entity Name) | | | | | | | |
| | | | | | | | |
| (Document Number) | | | | | | | |
| | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|--------------------------|---|----------------------|---|--|--|--|
| SUBJ | A Great Day Consulting LLC | | | | | |
| | | Name of Limited | Liability Company | | | |
| Dear S | Sir or Madam: | | | | | |
| The er | nclosed Registered Agent/Registered | l Office Change an | d fee(s) are submitted for filing. | | | |
| Please | return all correspondence concernit | ng this matter to th | e following: | | | |
| Shane | Fairbairn | | | | | |
| | Name of Person | | | | | |
| A Grea | at Day Consulting LLC | | | | | |
| | Firm/Company | | | | | |
| 11 Tur | nbled Stone Way | | 2024 MAR 25 PM 2: 45 SECRETALLAND SEE, FL | | | |
| | Address | - | | | | |
| St. Au | gustine, FL 32086 | | 25 PH 2:1 | | | |
| | City/State and Zip Co | ode | E 2: 1 | | | |
| Shane(| @agreatdayconsulting.com | | Fig. 5 | | | |
| | E-mail address: (to be used for future | e annual report not | ification) | | | |
| For fu | rther information concerning this ma | atter, please call: | | | | |
| Shane | Fairbairn | 386 at (| 972-8089 | | | |
| | Name of Person | u. (| Area Code & Daytime Telephone Number | | | |
| | Mailing Address: | | Street Address: | | | |
| | Registration Section | | Registration Section | | | |
| Division of Corporations | | | Division of Corporations | | | |
| P.O. Box 6327 | | | The Centre of Tallahassee | | | |
| | Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| | Enclosed is a check for the follow | wing amount: | | | | |
| | ■ \$25 Filing Fcc | _ | \$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.

| 1. Na | ame of the limited liability company: A Great Day Co | nsultinį | g LLC | | | |
|----------------------------|---|---|---|---|--|--|
| 2. (a) | A Great Day Consulting LLC | | (b) A Great Da | t Day Consulting LLC | | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | St. Augustine, FL 32086 | | 11 Tumbled | 11 Tumbled Stone Way | | |
| | | | St. Augustine, FL 32086 | | | |
| | 03/05/2023 | L23000115205 | | | | |
| 3. | Date of filing/registration in Florida | | | Document number | | |
| 5. (a) | United States Corporation Agents, Inc. | | | | | |
|). (a) | Registered Agent and Registered Office shown on the records of | f the Flo | orida Dept. of State | | | |
| | United States Corporation Agents, Inc. | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | | | | | |
| | 476 Riverside Ave. | | | | | |
| | Jacksonville , F | L 3220 | SECH SECH TAL | | | |
| (b) | Shane Jay Fairbairn | 2024 MAR 25 PH 2: 45 SECRETARY OF STATE TALL APPLICATE SEE. FL. | | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | |
| | Shane Jay Fairbairn | | | | | |
| | NEW Registered Office Address: | | | THE CA | | |
| | 11 Tumbled Stone Way | | | | | |
| | St. Augustine | 3208 | 6 | | | |
| hange igent v vas/we | imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the | e regis iability of the c limite | tered office and company, it is limited liability | the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. | | |
| Signal | ture of a member or authorized representative of a member | _ | | Printed or typed name of signee | | |
| ne obi. o m <u>e</u> re | by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I i in writing of this change. | ree to e perfo ed for i hereb | act in this capa rmance of my d in Chapter 605, v confirm that ti | city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been | | |
| 8 V | n11hm | | | | | |
| Signatu | re of Registered Agent | | | | | |