

L24000133432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2024 NOV 18 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2024

SECIL AKYEL
1610 MICHAGAN AVE #1
MIAMI BEACH, FL 33139

SUBJECT: NO BAD DAYS TRUCKING LLC
Ref. Number: L24000133432

We have received your document for NO BAD DAYS TRUCKING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

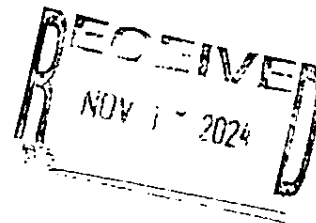
The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 624A00024380



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NO BAD DAYS TRUCKING 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:

SECIL AKYEL
Name of Person

NO BAD DAYS TRUCKING LLC
Firm/Company

1610 MICHIGAN AVE #1
Address

MIAMI BEACH FLORIDA 33139
City/State and Zip Code

scikezci@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SECIL AKYEL at (305) 546 9096
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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**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: NO BAD DAYS TRUCKING LLC

2. (a) 1228 west ave #712
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Miami Beach FL
33139

(b) 1610 Michigan Ave #1
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Miami Beach FLORIDA
33139

3. 03.18.2024
Date of filing/registration in Florida

4. L24 000 133 432
Document number

5. (a) United States Corporation Agents Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

476 Riverside Ave Jacksonville FLORIDA 32202
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b) SECIL AKYEL
Enter name of NEW Registered Agent and/or NEW Registered Office address.

1610 Michigan Ave #1
NEW Registered Office Address:

Miami Beach, FL 33139

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.

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

SECIL AKYEL
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 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]
Signature of Registered Agent

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

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TALLAHASSEE, FL