

M/0000000/45

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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2012 APR 13 AM 08 52  
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FALLAHOUSE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nexday Delivery 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:

Todd Martin

Name of Person

Nexday Delivery Solutions, LLC.

Firm/Company

10204 Siena Oaks Circle South

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

tmartin@nexdayship.com

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

For further information concerning this matter, please call:

Todd Martin

Name of Person

at ( 917 )

804-4799

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

FILED  
2012 APR 13 AM 11:52  
CLERK OF COURT  
TALLAHASSEE, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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: Nexday Delivery Solutions, LLC.

2. (a) Principal office address of limited liability company: Nexday Delivery Solutions, LLC.

(Note: **MUST BE STREET ADDRESS**)

2300 TREASURE ISLE DRIVE, SUITE A79  
Palm Beach Gardens, FL 33410

(b) Mailing address of limited liability company: Nexday Delivery Solutions, LLC.

(Note: **MAY BE POST OFFICE BOX**)

2300 TREASURE ISLE DRIVE, SUITE A79  
Palm Beach Gardens, FL 33410

01/12/2010

3. Date of filing/registration in Florida

4. Document number

M10000000145

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Todd Martin

Registered Office Address:

2300 TREASURE ISLE DRIVE  
SUITE A79  
PALM BEACH GARDENS FL 33410

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Todd Martin

**NEW** Registered Office Address:

10204 Siena Oaks Circle South

**(MUST BE FLORIDA STREET ADDRESS)**

Palm Beach Gardens, FL 33410

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.

Todd Martin

Signature of a member or authorized representative of a member

Todd Martin

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 608, 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.

Todd Martin

Signature of Registered Agent

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

FILING FEE: \$25.00