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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 21 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DayMark Financial Acceptance, 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:

Isela Calderon

Name of Person

Wolz Corporate USA, Inc.

Firm/Company

36 South 18th Avenue, Suite D

Address

Brighton, CO 80601

City/State and Zip Code

isela@wolzcorporate.com

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

For further information concerning this matter, please call:

Isela Calderon

at (303) 655-9659

Name of Person

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

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TALLAHASSEE, FLORIDA

**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: DayMark Financial Acceptance, LLC

2. (a) _____ Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>11737 Central Pkwy., Suite 200</u> <u>Jacksonville, FL 32224</u> <u>06/13/2014</u>	(b) _____ Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>11737 Central Pkwy., Suite 200</u> <u>Jacksonville, FL 32224</u> <u>M14000004177</u>
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3. _____ Date of filing/registration in Florida 4. _____ Document number

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

Smith Hulsey & Busey, Professional Associa

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

225 Water St., Suite 1800

Jacksonville, FL 32202

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

Registered Agent Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Dr., Suite A

Tallahassee, FL 32301

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.

Michael S. Gough
Signature of a member or authorized representative of a member

Michael S. Gough

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 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 by filing of this change.

Eric Wolz
Signature of Registered Agent

Eric Wolz, for Registered Agent Solutions, Inc.

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

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA