Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	m this page. a NOV 25
To:		
	Division of Corporations	• • •
	Fax Number : (850)617-6380	· 💯 🙃
From:		394E
, i Om,	Account Name : REGISTERED AGENT SOLUTIONS INC	
	Account Number : I20100000062	
	Phone : (888)705-7274	
	Fax Number : (888)706-7274	
		c T1.

REGISTERED AGENT CHANGE DAYS FOR GIRLS INTERNATIONAL INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: DAYS FOR GIRLS INTERNATIONAL INC.

Name of Corporation

N19000009918

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARGOT MULLIN

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

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

For further information concerning this matter, please call:

MARGOT MULLIN

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

15129570210

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for	s 607.0502, 617.0502, 6 a corporation organized ered office or registered	d under the	e laws of	the State of	FL		
1. The name of t	he corporation: DA	YS FOR GIRL	S INT	ERNA	ATIONAL	INC.		
2. The principal	office address: 280	0 NW 29TH STF	REET	GAINI	ESVILLE, F	-L 32	605	
3. The mailing a	ddress (if different):	PO BOX 2622	МО	UNT \	VERNON	, WA	982	73
4. Date of incorp	poration/qualification	n: 09/19/2019	Docum	ent numb	er. <u>N1900</u>	00099	18	
	tment of State: (If re	e current registered agen signed, enter resigned) RED AGEN		_	ice on file with	the	20	
		Y PLACE SUITE 3				اند دید حو	7019 NOV	ŧ
	MOUNT VERN	ON, FL 98274					V 25	r. 3
6. The name and (if changed):		e new registered agent (i	_		registered offic	e	AM 10: 13	1
		laza Dr. Suite A		110.				
	Tallahassee	P.O. Box NOT accorde, FL 32301	eptable					
The street address changed will	ess of its registered of be identical.	office and the street add	tress of the	e busines	s office of its r	egistered a	igent,	
Such change wa authorized by th	as authorized by resone board, or the corp	olution duly adopted by oration has been notific	its board ed in writi	of direct ng of the	ors or by an off change.	ficer so		
ISI GINA GRIMM					M - CFO			
I hereby accept I further agree performance of agent. Or, if th	to comply with the p my duties, and I am is document is being	registered agent and a rovisions of all statutes familiar with and acce filed merely to reflect i has been notified in w	gree to act relative to pt the obli a change	t in this c to the pro igation o in the res	apacity. per and compl my position a gistered office a	s registere	ed	
Mode	windt		1/25/2		<u> </u>			
·	native of Registered Agent half of an entity:				Date			
	Hart - Assistant	Secretary						
Т	yped or Printed Name							
		- * * * FILING FEE- *	¥ 45 (M) × 1	T 75				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314