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COVER LETTER

	nendment Section vision of Corporations			
SUBJECT	DayMark Asset Funding, Inc.			
DOCUME	ENT NUMBER: PILODO	rporation 049575		
The enclos	sed Statement of Change of Registered Office	Agent and fee are submitted for filing.		
Please retu	irn all correspondence concerning this matter	to the following:		
	Isela Calderon			
Name of Contact Person				
Wolz Corporate USA, Inc.				
Firm/Company				
36 South 18th Avenue, Suite D				
	Addre	ess		
Brighton, CO 80601				
City/State and Zip Code				
	isela@wolzcorporate.com			
	E-mail address: (to be used for fu	ture annual report notification)		
For further	r information concerning this matter, please ca	all:		
Isela Ca	lderon	303 (655-9659		
<u> </u>	Name of Contact Person	at () Area Code & Daytime Telephone Number		
Enclosed i	s a \$35.00 check made payable to the Departi	ment 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		

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of				
1. The name of	the corporation: DayMark Asset Funding, Inc.				
2. The principal	. The principal office address: 11737 Central Pkwy., Suite 200, Jacksonville, FL 32224				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 06/09/2014 Document number: P1400	0049575			
	d street address of the current registered agent and registered office on file wrtment of State: (If resigned, enter resigned)	ith the			
	Smith Hulsey & Busey, Professional Assoc.				
	225 Water Steet, Suite 1800				
	Jacksonville, FL 32202	SECF			
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	SECRETARY	. IT		
	Registered Agent Solutions, Inc.		<u> </u>		
	155 Office Plaza Dr., Suite A	S TATE	ָ כ		
	P.O. Box NOT acceptable Tallahassee, FL 32301		Ď		
The street addre as changed will	ess of its registered office and the street address of the business office of it be identical.	ts registered a	igent,		
Such change wa	as authorized by resolution duly adopted by its board of directors or by an ne board, or the corporation has been notified in writing of the change.	officer so			
Michael	Michael S. Gough Printed or typed name and tit				
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all-statutes relative to the proper and comply with the provisions of all-statutes relative to the proper and comply duties, and I ain familiar with and accept the obligation of my position is discussed in the registered official that the corporation has been notified in writing of this change. To comply with the provisions of all-statutes relative to the proper and comply the provision of the proper and the provisions of all-statutes relative to the proper and the provisions of all-statutes relative to the proper and the provisions of all-statutes relative to the proper and the provisions of all-statutes relative to the proper and the provisions of all-statutes relative to the proper and the provisions of all-statutes relative to the proper and the provisions of all-statutes relative to the proper and comply the provisions of all-statutes relative to the proper and the provisions of all-statutes relative to the proper and comply the provisions of all-statutes relative to the proper and the provisions of all-statutes relative to the proper and the provisions of all-statutes relative to the proper and the provisions of all-statutes relative to the		d —		
If signing on bel	half of an entity:				
Eric Wolz					
Ту	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *