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COVER LETTER

Division of Corporations
SUBJECT: Bright Days Ahead Incorporated Name of Corporation
DOCUMENT NUMBER: <u>P170000 26270</u>
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:
Sandra Belleus Name of Contact Person
Bright Days Ahead INC.
4130 Bahja Ist Crob
Wellington FL 33449 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sandra Belleus at (561) 445 - 1244 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building
1.0. box 0527 Cinton banding

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Bright Days Ahead Incorporated
2. The principal office address: 4130 Bahis Isle Circle Wellington FL 33449
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/21/17 Document number: P17000026270
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Joseph Belleus (resigned) 4130 Bahia Jule Circle Wellington FL 33449
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
4130 Bahia Isla Circle P.O. Box NOT acceptable Wellington FL 33449
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Signature of an officer or director Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
If signing on behalf of an entity: Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

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