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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: All New Day Corp Name of Corporation P19000048311 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: Frank Lorenzo Name of Contact Person All New Corp Firm/Company 1366 NW 78 Ave Address Doral, FL 33126 City/State and Zip Code francolore@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Frank Lorenzo 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

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

1. The name o	of the corporation: All New Day C	registered agent, or both, in the Stat Corp.	e cy r its mu.
	pal office address; 1366 NW 78A		
3. The mailing	g address (if different):		
4. Date of inc	orporation/qualification: 06/05/20	19 Document number: P1	9000048311
5. The name a Florida Dep	and street address of the current registe partment of State: (If resigned, enter re	ered agent and registered office on fesigned)	ile with the
	United States Corporatio	n Agents, Inc.	
	13302 Winding Oak Court A		
	Tampa, FL 33612		— 920 1980 1980
6. The name a (if changed	•	d agent (if changed) and /or registere	
	Frank Lorenzo		PM 1:20 OF STATE OF STAT
	1366 NW 78 Ave		
	Doral, FL 33126	x NOT acceptable	ъ –
The street add	dress of its registered office and the s ill be identical.	treet address of the business office	of its registered agent.
Such change authorized by	was authorized by resolution duly ad the board, or the corporation has bee	opted by its board of directors or by en notified in writing of the change	v an officer so
Sign	ature of an officer or disector	Ann Gomez, Secretary Printed or typed name and title	
i juriner agre performance (agent. Or. if)	pt the appointment as registered age, to comply with the provisions of al- of my duties, and I am familiar with a this document is being filed merely to m that the corporation has been notij	l statutes relative to the proper and and accept the obligation of my pos o reflect a change in the registered	complete
		June 26, 2019	
	Signature of Registered Agent		

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 * * *

Typed or Printed Name