F09000001818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

09 DEC 14 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/15/09

CLAS Information Services
2020 Hurley Way, Suite #350 Sacramento CA 95825
Tel: (800) 447-6237

Job Number: 94755/JC

Date: December 8, 2009

Name: YELP! INC.

Request For: Florida
TYPE OF FILING: Change of Agent

Special Instructions:
Please file the attached upon receipt. We have enclosed check #063883 in the amount of $35.00 and a self-addressed, stamped envelope for your convenience in returning a stamped, filed copy to us. Please call with any questions. Thank you in advance for your assistance.

Sincerely,

Judy Culver

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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: YELP! INC.
Name of Corporation

DOCUMENT NUMBER: F09000001818

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:

JUDY CULVER
Name of Contact Person

CLAS INFORMATION SERVICES
Firm/Company

2020 HURLEY WAY, STE. 350
Address

SACRAMENTO CA 95825
City/State and Zip Code

jc@clasinfo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDY CULVER at (800) 447-6237
Name of Contact Person — Area Code & Daytime Telephone Number

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

CR2E045 (8/05)

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 DELAWARE *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: YELP! INC.

2. The principal office address: 706 MISSION STREET, SAN FRANCISCO CA 94103

3. The mailing address (if different):

4. Date of incorporation/qualification: 05/04/2009 Document number: F09000001818

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)

ARGUELLO, MARIA

79 S.W.12TH STREET, APT. 1806

MIAMI FL 33130

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI SERVICES, INC.

2731 EXECUTIVE PARK DRIVE, SUITE 4

P.O. Box NOT acceptable

WESTON, FL 33331

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

LAURENCE WILSON, SECRETARY
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.

Signature of Registered Agent

12/07/2009
Date

If signing on behalf of an entity:

JUDY CULVER, ASST. SECRETARY
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, TALLAHASSEE, FL 32314

CR2E045 (8/05)