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D. BRUCE.
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EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Macayocorp, LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
M. Cristina Moreno, Esa.  Name of Person  Murai Wald Biondo + Moreno, P.A.  Firm/Company
1200 Ponce de Leon Blud.
Cmoreno Hwbm.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
M. Cristina Moreno at (305) 444-0101 ext. 205  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee & Certified Copy
INHS18 (5/08)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	YOCOFP, LLC
(a) Principal office address of limited liability compar	y: 1541 Brickell Avenue
(Note: MUST BE STREET ADDRESS)	Suite 1005 Miami, FL 33129
(b) Mailing address of limited liability company:	1541 Brickell Avenue
(Note: MAY BE POST OFFICE BOX)	Suite 1005 Hiami FL 33129
09/24/09	L09000092201
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Lisette Salazar
Registered Office Address:	200 Crandon Blud.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address:  Murai Wald Biondo + Morcho, f
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 Yonce de Leon Blud Coral Gables Ft. 33134
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be identiability company, it is hereby confirmed that the change (so the members of the limited liability company or as other or the operating agreement of the limited liability company.  Light Deoug Source  Signature of a member or authorized representative of a member  Maria Veronica Salem Jaira  Printed or typed name of signee	Florida street address of the registered offertical. Or, in the case of a Florida finited s) was/were authorized by an affirmative cote rwise provided in the articles of figuration y.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my particle to the provision of the companies of the comp	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ty has been notified in writing of this change.
Signature of Registered Agent  M. C15tina Division of Corporations, P.O. Box 6:  FILING FEE: 9	327, Tallahassee, FL 32314 325.00