110000099194

. (Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	08/0
(Business Entity Name)	
(Document Number)	
, ,	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
L. SELLERS	
AUG 1 0 2011	

Office Use Only

EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations		
./		
SUBJECT: Yum-mi, 22	2	
SUBJECT: um-mi, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office (Thange and fee(s) are submitted for filing	
The enerosed registered rights red entire entire and red (s) are submitted for ming.		
Please return all correspondence concerning this matter to the following:		
THE X NGUYEN		
Name of Person		
Vuns-nei		
Firm/Company	<u> </u>	
TimbCompany		
15601 NW 2 ND PL. Address		
Address		
City/State and Zip Code		
City/State and Zip Code		
SHAWNL 365 @ GUIAIL. COM		
E-mail address: (to be used for future annual report notification)		
The Control of Control of the Contro		
For further information concerning this matter, please call:		
0		
Name of Person at (Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
i ananassee, Fluttua 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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:

2. (a) Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Registered Office Address:

15601 NW 2nd PL

MIAMI , FL. 33/69

(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>:

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

Davie SHAWN 2. NEWPEN

4748 Village Way

Davie FL 33314

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity if 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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00