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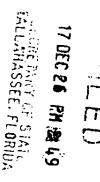
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

Division of Corporations						
You Virtual Store, LLC	You Virtual Store, LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning t	his matter to the following:					
Jackie Diaz						
Name of Person						
Asset Defense Team						
Firm/Company						
53 Memorial Place						
Address						
Elmwood Park, NJ 07407						
City/State and Zip Code	 .					
jackie@assetdefenseteam.com						
E-mail address: (to be used for future ar	nnual report notification)					
For further information concerning this matte	r. please call:					
Jackie Diaz	970 570-7120					
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	g amount:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

TO: Registration Section

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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. 8	Name of the limited liability compar	y: You Virtual S	tore, L	LC	
)			b)	
,	Principal office address of limite (<u>Note: MUST BE STREI</u>	d liability company:	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10007 Little Teak Street			Calle Z	orzal, Solar 2, Parcelas Carmen
	Orlando, Florida 32825			Vega Al	lta, Puerto Rico 00692
	December 5, 2017			L170002	48405
3.	Date of filing/registratio	n in Florida	4.		Document number
5. (a	, Registered Agents, Inc.				
J. (1)	Registered Agent and Registered Office	shown on the records of	the Florid	a Dept. of Stat	 e:
	30 N Gould St Suite 100 St	neridan WY FL 8	32801		
	Registered Office Address (MUST B	<u>E FLORIDA STREET :</u>	ADDRES.	<u>S)</u>	_
					27.4
		FL	·	<u></u>	
(b)	Registered Agents Inc.				S 330
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					- SEE
					E. F. SAL
	NEW Registered Office Address:				RAD
3030 N. Rocky Point Dr. STE 150A					
		· · · · · ·	· -		-
	Tampa	, FL	33607		_
If the	limited liability company is not org	anized under the lay	vs of the	State of Flo	orida, it is hereby confirmed that after
the cl	lange or changes are made, the Flor	ida street address of	the regi	stered office	e and the business office of the registered s hereby confirmed that the change(s)
was/v	vere authorized by an affirmative vo	ote of the members o	f the lin	nited liabilit	y company or as otherwise provided in
,	ticles of organization or the operation \mathfrak{c}			•	npany.
——————————————————————————————————————	attice Unazature of a member or authorized representati	ive of a member	Jac	ckie Diaz	Printed or typed name of signee
I her provi: the ol to me:	eby accept the appointment as regis sions of all stattues relative to the p oligations of my position as register rely reflect a change in the register rely in writing of this change.	tered agent and agr roper and complete ed agent as provided ed office address. I	perform 1 for in (iereby c	tance of my Chapter 602 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signal	ackie Diaz - Repuire of Registered Agent	Registered Ag	cals	Inc	

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