

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000240423 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Email Address:\_

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP

Account Number : I19990000010 Phone : (561)832-3300 Fax Number : (561)655-1109

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## REGISTERED AGENT CHANGE YTG HAINES CITY, LP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

<sub>I.</sub> YTG HAINES CITY, LP		
Name of Limited Partnership or Limited Liabil	ity Limited Partnership	
2. 12/10/2014 <sub>3.1</sub>	3.B14000000276	
Date of filing/registration in Florida	Florida document number	
4. The name of the registered agent and the registered office address Department of State;	ess as shown on the records of the Florida	
HERTZ, CLIFFORD I.		
Name		
ONE NORTH CLEMATIS ST	., SUITE 500	
Address		
WEST PALM BEACH, FL 3	3401	
City, State and Zip		
5. The name and Florida street address of the new registered agent	and/or office:	
Name	<del></del>	
360 SOUTH ROSEMARY AVENU	E, SUITE 1410	
Florida street address (P.O. Box not a	acceptable)	
WEST PALM BEACH	FL 33401	
City, State and Zip		
6. Such change(s) is/are effective when filed by the Florida Depart	ment of State.	
Signature of General Partner	<b>4</b>	
I hereby accept the appointment as registered agent and agree to a comply with the provisions of all statutes relative to the proper and and I am familiar with an accept the obligations of my position as r	registered agent.	
Signature of Registered Agent	8 ANII:	
Filing Fee: \$35.00 Certified Copy (optional): \$52.50	<b>₽</b> 2	