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Special Instructions to	Filing Officer:	

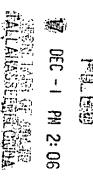




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DEC 04 2017 S. YOUNG





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: November 29, 2017

Order#: 914347-039

Re: YATA CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida on organized under the laws of the State of or registered agent, or both, in the State of	Virginia	
1. The name of t	he corporation: YATA CORPOR	ATION		
	office address: E AVENUE PALM BEACH FL 33	3480		
3. The mailing a VIRGINIA	ddress (if different): 448 VIKING BEACH, VA 23452	B DRIVE, SUITE 245		
4. Date of incorp	poration/qualification: 02/19/200	Document number: F09000	000659	
5. The name and		stered agent and registered office on file v	vith the	
	NRAI SERVICES, INC		-	
	1200 SOUTH PINE ISLAND RO	DAD	_	
	Plantation	FL 33324		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation Service Company			
	1201 Hays Street	Box NOT acceptable		
	Tallahassee	FL 32301	2: 06	
The street addre	ess of its registered office and the be identical.	e street address of the business office of i	ts registered agent,	
_	s authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer so	
	COmic re of an officer or director	Jill Cilmi	Vice President	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered a to comply with the provisions of my duties, and I am familiar wit	Printed or typed name and to gent and agree to act in this capacity, all statutes relative to the proper and cor h and accept the obligation of my position by to reflect a change in the registered offi potified in writing of this change.	nplete n as registered	
By: Drace	. C. Kuby	11/22/2017		
_	nature of Registered Agent half of an entity:	Date		
	Assistant Vice President			
	yped or Printed Name	-		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*