F12000003506

| (Requestor's Name) | | | |
|---|--|--|--|
| | | | |
| (Address) | | | |
| | | | |
| (Address) | | | |
| (**\ddie55) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| | | | |
| PICK-UP WAIT MAIL | | | |
| | | | |
| (Business Entity Name) | | | |
| (====================================== | | | |
| | | | |
| (Document Number) | | | |
| | | | |
| Certified Copies Certificates of Status | | | |
| | | | |
| Consideration to Filips Office | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| J. HORNE | | | |
| J. 110 | | | |
| JAN - 5 2022 | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



800377911028

12/16/21--01017--029 **35.00

2021 DEC 16 PM12: 49
SECRETARY OF STATE

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|---|
| SUBJECT: Year Up Inc., Name of Corporation | |
| DOCUMENT NUMBER: F12000003506 | ; |
| The enclosed Statement of Change of Registere | ed Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning th | is matter to the following: |
| Krystal Prince | |
| Name of Contact Person Harbor Compliance | |
| Fírm/Company 1830 Colonial Village Lane | |
| Address Lancaster, PA | |
| City/State and Zip Code nonprofit@harborco | mpliance.com |
| E-mail address: (to be used for future annua | al report notification) |
| For further information concerning this matter, | please call: |
| Krystal Prince | 7174599177 |
| Name of Contact Person | at (7174599177 Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the | e Department of State. |
| Mailing Address: Amendment Section | Street Address: |
| Division of Corporations | Amendment Section Division of Corporations |

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

| Pursuant to the statement of ch | provisions of sections 607.0502, 6 ange is submitted for a corporation | 117.0502, 607.1508, or 617.1508, Florida $\mathfrak S$ 1 organized under the laws of the State of $_$ | Statutes, this Massachusetts |
|---|--|---|---|
| in orde | er to change its registered office or | registered agent, or both, in the State of F | lorida. |
| 1. The name of | the corporation: Year Up Inc. | | |
| 2. The principal Boston, MA 021 | 109-5105 | | |
| 3. The mailing | address (if different): | | |
| 4. Date of incor | poration/qualification: 08/22/2012 | Document number: F1200000 | 3506 |
| 5. The name and Florida Depart | d street address of the current regist runent of State: (If resigned, enter r | tered agent and registered office on file wit resigned) | th the |
| | Registered Agent Solutions, Inc | | |
| | 155 Office Plaza Drive Suite A Tall | lahassee FL 32301 | |
| 6. The name and (if changed): | | ed agent (if changed) and /or registered offi | 2021 DEC SECRETALLAHA |
| | Registered Agents Inc. | | |
| | 7901 4th St N STE 300 | | SSE 6 |
| | St. Petersburg FL 33702 | P.O. Hox NOT acceptable | PH 12: 0F 815 C. F1 15 |
| | | street address of the business office of its | registered agent, |
| Such change wa authorized by th | is authorized by resolution duly ac ne board, or the corporation has be | dopted by its board of directors or by an coen notified in writing of the change. | officer so |
| Signatur | re of an officer or director | Printed or typed name and title | CEO |
| I hereby accept I further agree t of my duties, an document is bei, corporation has | the appointment as registered age to comply with the provisions of ai d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch | ent and agree to act in this capacity. Il statutes relative to the proper and comp he obligation of my position as registered e in the registered office address. I hereby hange. | plete performance agent. Or, if this v confirm that the |
| Bee How | nature of Registered Agent | 11/02/2021 | |
| Sign | nature of Registered Agent | Date | |
| If signing on bel | half of an entity: | | |
| Bill Havre | | | |
| 13 | ped or Printed Name | | |

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)