## 104000088727

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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		COVER LETTER				
TO:	Registration Section Division of Corporat			per		
SUBJ	ECT:	Young Na	A "J ame of Limite	Co. را d Liability	- <b>C</b>	
Dear S	Sir or Madam:					
The er	nclosed Registered Age	ent/Registered O	Office Change	and fee(s) a	are submitted for filing.	
Please	return all corresponde	ence concerning	this matter to	the followi	ng:	
	•	J			·	
	Ponal	K Your	19			
	Nan	ie of Person				
	Young An	1 Co. 1	ررد			
	Firm	1/Company				
	3210	DPEN /	MEADOW	Loop		
	Ac	idress				
(	OVIEDO			···		
City/State and Zip Code						
	Fonald K E-mail address: (to be	Young a	nnual report n	Com otification)		
For fu	rther information conc	erning this matte	er, please call:			
	Name of Per		at (_40	<u>7)_</u> _	5-83-9684	
	Name of Per	son		Area	Code & Daytime Telephone Number	
	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cen	tions		Registration of P.O. Box	f Corporations	

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassec, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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. Name of the limited liability company: Mailing address of limited liability company: Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 41500 040000 8872 3. Date of filing/registration in Florida Document number Registered Agent and Registered Office shown on the records of the Florida Dept. of State: (MUST BE FLORIDA STREET ADDRESS) Registered Office Address Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: 3276**8** 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 of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I 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 605, F.S. Or, if this document is being filed to merely reflect a chapte 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