

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : GREEN SCHOENFELD & KYLE LLF

Account Number : 120000000177 Phone : (239)936-7200

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105-4420

## REGISTERED AGENT CHANGE

YCB PROPERTIES, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
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THE PARTY

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

Pursuant to the provisic liability company submit agent, or both, in the Sta	ns of sections 60 is the following st te of Florida.	18.4[6 or 608.508 atement in order	i, Florida Statute to change its regi	i, the und stered offi	lersigne ice or t	ed limit register	ed ed
1. The name of the limit	ed liability compar	ny is: YCB Prop	perties, LLC				
2. The mailing address of	f the limited liabil	lity company is : _					
136 S.E. 1st Place, Ca	ape Coral, Florid	a 33990					_
January 13, 2005			L05000004420	j			
3. Date of filing/registrat	ion in Florida		4. Document num	ober		<del></del>	_
5. The name of the registr Florida Department of	ered agent and the State: Bruce D. Gree		address as shown o	n the reco	uds of (	the	
	1520 Royal Pa	ilm Sq. Blvd., St	e. 320			•	**-
Address Fort Myers, Florida 33919						-	
		City, State and Zi	p		÷ <del>1</del>	05	
6. The name and address	of the new register	red agent and/or o	ffice:			=	*
	Steven Maine					ű	
	1714 SE 9th To	Name	<del></del>	ইছণ ,	<u>.</u>	P	
		ldress (P.O. Box N	OT accentable)			Ÿ	- Aurorian
	Cape Coral	FIL 33990	•			: 1,7	
	<del></del>	ity, State and Zip			÷	_	
If the limited liability conconfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of	nange or changes a the registered age by confirmed the d liability comean	are made, the Flori at will be identica at the change(s) was ay or as otherwise	ida street address of I. Or, in the case of ss/were authorized	of the region of a Florid l by an aff	stered o la limite irmativ	office ed e vote c	of
(Signature of a member or author	zed representative of a r	member)		• -			
Steven Maine							
(Printed or typed name of signes)							÷.
I hereby accept the appoint the appoint the provision and I am familiar with an Chapter 508, F.S. Or, if the address, I hereby confirm	niment as register s of all statutes re if decept the oblig his document is be that the limited limite	ed agent and agre lative to the proper ations of my positi sing filed to merel ability company h	te to got in this cai trand complete of ton as registered a y reflect a change as been notified in	racity. I formance rformance gent as pr in the reg writing o	urther of to finy ovided istered finis ch	igree to duties, for in office lange.	)
(Signature of Serishered Aven)							
Divisio	n of Corporation	is, P.O. Box 6327,	, Tallahassee, FL	32314			

DVH518(10/95)

FILING FEE: \$25.00

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