L06000002161

(Requestor's Name)			
(Address)			
(1441000)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

Division of Corporations			
SUBJECT: Yard Barbers, LLC			
	d Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for	filing.	
Please return all correspondence concerning this ma	atter to the following:		
Krystal Myers			
Name of Person			
Firm/Company			
801 N. Orange Ave., #830			
Address	_ 		
Orlando, FL 32801		37 Cg	62
City/State and Zip Code			Sea Sea
kmyers@thefloridafirm.com		15 mg 45 46 6)	() ()
kmyers@thefloridafirm.com E-mail address: (to be used for future annual report notification	<u>sn)</u>	7 (1 15) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		5 T () 6 T () 4 T ()	
For further information concerning this matter, plea	ise call:	<u> </u>	
Krystal Myers	107 、579-3338	•	
Name of Person	Area Code & Daytime Telephone Nu	imber	_
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following amo	ount:		

■ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

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

Pursuant to the provisions of sections 608.416 or 608.508. 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. 1. Name of the limited liability company: Yaro Surpor, LLC 2. (a) Principal office address of limited liability company: 2009 S. Orange Ave. (Note: MUST BE STREET ADDRESS) Orlando, FL: 32806 (b) Mailing address of limited liability company: Winter Park, FL 32792 (Note: MAY BE POST OFFICE BOX) 1.06000002161 3. Date of filing/registration in Florida 4. Document number (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Smalley & Company, Pt. 0.0 500 Registered Office Address: 1516 E. Hücrest Ave Orlando, FL 32803 1,1 그: '' (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: Krystal Ball Myors **NEW** Registered Office Address: 801 N. Orange Ave., #830 (MUST BE FLORIDA STREET ADDRESS) FL 32801 Ortrado 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 or the operating agreement of the limited liability company.

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

Signature of a member or authorized representative of a member JACQUI KUXTON

Printed or typed name of signee

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 statules 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 608. F.S. Or, if this document is being filed to merely reflect a change 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

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)