## L06 0000 86 794

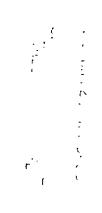
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer: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

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		•							
Technomedia NY, LLC SUBJECT:									
Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered Agent/Registere	ed Office Change and	fee(s) are submitted for filing.							
Please return all correspondence concern	ing this matter to the	following:							
Keyona Hopkins									
Name of Person		<del></del> :							
Agile Legal									
Firm/Company		<del></del>							
651 N. Broad St. Ste 308									
Address									
Middletown, DE 19709									
City/State and Zip C	ode								
Compliance@agilelegal.com									
E-mail address: (to be used for futu	re annual report notif	ication)							
For further information concerning this n	natter, please call:								
Keyona Hopkins	302 at (	376-6710							
Name of Person		Area Code & Daytime Telephone Number							
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
Enclosed is a check for the follo	owing amount:								
■ \$25 Filing Fee	<b>□</b> \$	☐ \$55 Filing Fee & Certified Copy							

## 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.

I. Na	ame of the limited liability company:	√Y, LLC				
2. (a)	4545 36TH ST	H ST				
(,	Principal office address of limited liability company: (Note: MUST BF STREET ADDRESS)		b)	•		ed liability company: TOFFICE BOX)
	ORLANDO, FL 32811		ORLAND	O, FL 32811		
3.	03-77-7023  Date of filing/registration in Florida	 	Lole	Document r		744
	CORPORATE CREATIONS NETWORK, INC.	1.		Document 1	Territore 1	
5. (a)	Registered Agent and Registered Office shown on the records 801 US HIGHWAY 1  Registered Office Address (MUST BE FLORIDA STREE)	- e: -		,		
	NORTH PALM BEACH	FL_33408		_		; ;
(b)	Universal Registered Agents, Inc.			_		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					=
	1317 California Street					ſ
	NEW Registered Office Address:			_		
	Tallahassee	FL_32304		-		
change agent v was/we the arti	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the case of the members are considered as a second control of the case of the members of the case of the ca	he register liability co s of the lin	red office an ompany, it is nited liabilit	d the busines s hereby con y company o	ss office firmed t	e of the registered that the change(s)
<u> </u>	Keyona Hopkins ture of a flember or authorized representative of a member		Keyo	na Flopkins Printed or typ	wd name	of signee
I here provisi the obli to mere notified	hy accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	gree to ac ie perform ded for in I hereby c	et in this can	acity   I furth	er agre	e to comply with the
Signatu	Keyona Hopkins ire of Registered Agent					

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