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Florida Department of State

Division of Corporations Public Access System

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: GREEN SCHOKNFELD & KYLE LLP

Account Number : 120000000177

: (239)936-7200

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REGISTERED AGENT CHANGE

YB AIP, LLC

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

liability company submits the following statement in order to change its registe agent, or both, in the State of Florida.	
1. The name of the limited liability company is: YB AIP, LLC	
2. The mailing address of the limited liability company is : 15533 Pine Ridge I	Road
Fort Myers, Florida 33908	
January 8, 2007 L07000002508	
3. Date of filing/registration in Florida 4. Document numb	per
 The name of the registered agent and the registered office address as shown on Florida Department of State: Harvey B. Youngquist, Jr. 	the records of the
Namo	
15401 Alico Road	
Address Fort Myers, Florida 33913	7 S
City, State and Zip	ECC 7
6. The name and address of the new registered agent and/or office:	FI MAR 2 CRETA LAHAS
Harvey B. Youngquist, Sr.	SSE -
Name	
15533 Pine Ridge Road Florida street address (P.O. Box NOT acceptable)	[6] - - -
Piorida sueet address (P.O. Box NOT acceptable)	ATE PRID
Fort Myers, Ft. 33908	
City, State and Zip	
If the limited liability company is not organized under the laws of the State of Floconfirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized of the members of the limited liability company or as otherwise provided in the sor the operating agreement of the limited liability company.	the registered office a Florida limited by an affirmative vote
(Signature of a primber or authorised representative of a member)	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this cape comply with the provisions of all statutes relative to the proper and complete period I am familiar with and accept the obligations of my position as registered age Chapter 508, F.S. Or, if this document is being filed to merely reflect a change it address. I hereby confirm that the limited liability company has been notified in which the company has been not the company has b	ncity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change,
Division of Corporations, P.O. Box 6327, Tallahassee, FL 3	3231 <i>4</i>
FILING FEE: \$25.00	W07000073064 3