

Florida Department of State

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Account Name : GREEN SCHOENFELD & KYLE LLP

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Phone : (239)936-7200

Fax Number : (239) 936-7997

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REGISTERED AGENT CHANGE

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YB YOUNG HARRIS, LLC

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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. The name of the limit	ed liability company i	s: YB Young Ha	rris, LLC		
2. The mailing address of	of the limited liability	company is : <u>15</u>	33 Pine Ridge	Road	
Fort Myers, Florida 33	808				
March 8, 2007	·	Ī	07000025967	·	
3. Date of filing/registra	tion in Florida	4.	Document num	ber	
5. The name of the regist Florida Department of		ristered office ad	dress as shown or	n the records of	the
•	Timothy Young				
	15401 Alico Roa	Name d			
		Address	·· ····		
	Fort Myers, Flori	da 33913 y, State and Zip		1	0 ₽
6. The name and address	•	•	ce:	5	DIVISION OF
	Timothy Younga	uist	·	, i	S PA
	45500 51 514	Name			$\simeq 27$
	15533 Pine Ridge			Ē	$\overline{}$
	Florida street addre	ess (P.O. Box NC	I acceptable)	ä	P RS
	Fort Myers,	FL_33908		5] <u>S</u> H
	City,	State and Zip			Ċ,
If the limited liability conconfirmed that after the cand the business office of liability company, it is hof the members of the light the operating agreement.	change or changes are f the registered agent ereby confirmed that the mited liability comparate of the limited liabil	made, the Florid will be identical. he change(s) was by or as otherwise ity company.	a street address o Or, in the case of were authorized	of the registered of a Florida limit	office ed
Signature of a member or unthe		•			
(Printed or typed name of signer	oundanis	<u> </u>			
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or if address, I hereby confirm	pintment as registered ns of all statutes relati nd accept the obligation this document is being n that the limited liabil	agent and agree to the proper tons of my position of filed to merely lity company has	to act in this cap and complete per n as registered at reflect a change i been notified in	acity. I further of formance of my jent as provided in the registered writing of this cl	agree to duties, for in office hange,
(Signessed of Registered Asym)	on of Corporations, I	P.O. Box 6327, 1 NG FEE: \$25.00	Sallabassee, FL	32314	