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SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

JUN 1 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
Division of Corporations			
SUBJECT: YELLOW LEAF LLC.			
Name of Limited	d Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
NIRAN NARAPANYA			
Name of Person			
YELLOW LEAF LLC.			
Firm/Company			
1610 S. FEDERAL HIGHWAY SUITE	<u> </u>		
Address			
BOYNTON BEACH, FL 33435			
City/State and Zip Code	-		
NNNAAA999@YAHOO.COM E-mail address: (to be used for future annual report notification			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
NIRAN NARAPANYA at (561) 843-5675		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section 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 amount:			
\$25 Filing Fee	\$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 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:	YELLOW LEAF LLC.
2. (a) Principal office address of limited liability company	1610 S. FEDERAL HIGHWAY # A
(Note: MUST BE STREET ADDRESS)	BOYNTON BEACH, FL 33435
(b) Mailing address of limited liability company:	1610 S. FEDERAL HIGHWAY # A
(Note: MAY BE POST OFFICE BOX)	BOYNTON BEACH, FL 33435
MAY 21,2009	L09000049749
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	NIRAN NARAPANYA
Registered Office Address:	
Registered Office / Rediss.	5630 WEST ATLANTIC AVE
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	NIRAN NARAPANYA
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1610 S, FEDERAL HIGHWAY SUITE A
	BOYNTON BEACH ,FL 33435
If the limited liability company is not organized under the lonfirmed that after the change or changes are made, the Fland the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	aws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
Signature of a member or authorized representative of a member	
NIRAN NARAPANYA Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided I am familiar with and accept the obligations of my prochapter 608, F.S. Or, if this document is being filed to me address. Thereby confirm that the limited liability company	9 ASE
Signature of Registered Agent	27. Tallahassee, FL 32314 - 957
Division of Corporations, P.O. Box 63 FILING FEE: \$2	25.00 COYE
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