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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Yorkshire Advisory Group LLC

Name of Limited 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:

Silvia Veitia Smith

Name of Person

Yorkshire Advisory Group LLC

Firm/Company

5161 Collins Ave, Suite 715

Address

Miami Beach, FL 33140

City/State and Zip Code

sveitia@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Silvia Veitia Smith

<sub>...</sub>305

778-3097

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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: Yorkshire Adv	risory Group LLC	
2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)	npany: 5161 Collins Avenue, Suite 7 Miami Beach, FL 33140	715
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5161 Collins Avenue, Suite 7 Miami Beach, FL 33140	715
01/11/11	L11000004503	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office show	n on the records of the Flori	da Dept. of State:
Registered Agent:	UNITED STATES CORPORATION AGENTS, INC	
Registered Office Address:	13302 WINDING OAKS	S BLVD.
	TAMPA, FL 33612 US	3
(b) Enter name of NEW Registered Agent and/or	r NEW Registered Office a	address:
NEW Registered Agent:	Silvia Veitia Smith	
NEW Registered Office Address:	5161 Collins Avenue, Suite 7	715
(MUST BE FLORIDA STREET ADDRESS)	Miami Beach	,FL33140
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char the members of the limited liability company or as off the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member.  Silvia Veitia Smith  Printed or typed name of signee.  I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a Chapter 608, F.S. Or, if this document is being filled address, I hereby confirm that the limited liability confirmed that the l	the Florida street address of identical. Or, in the case of age(s) was/were authorized between provided in the artically.	the registered office a Florida limited by an affirmative year of eles of organization of CORPORATIONS AM 11: 58  If outlier arrange to

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

Signature of Registered Agent