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COVER LETTER

Divi	sion of Corporations				
SUBJECT:	Mae Young, Professional Development Consultant, LLC Name of Limited Liability Company				
SOBJECT.					
Dear Sir or I	Madam:				
The enclose	d Registered Agent/Registered Offi	ce Change and	I fee(s) are submitted for filing.		
Please return	n all correspondence concerning thi	s matter to the	following:		
Mae H. Yo	oung				
	Name of Person		_		
Profession	nal Development Consultant,	LLC			
	Firm/Company		<u> </u>		
609 NW 5	ith CT				
	Address				
Hallandale	e Beach, Fl 33009				
	City/State and Zip Code	<u>-</u>	<u> </u>		
mhyoung	357@aol.com				
E-mail	address: (to be used for future ann	ual report noti	fication)		
For further i	information concerning this matter,	please call:			
Mae Your	ng	954	4838764		
`	Name of Person	_ ~ \	Area Code & Daytime Telephone Number		
STI	REET/COURIER ADDRESS:	M	AILING ADDRESS:		
Registration Section			egistration Section		
	Division of Corporations		ivision of Corporations		
Clifton Building			O. Box 6327		
	1 Executive Center Circle lahassee, Florida 32301	I;	allahassee, Florida 32314		
Enc	losed is a check for the following	amount:			
2 1 \$	325 Filing Fee	- 5	55 Filing Fee & Certified Copy		
INHS18 (2/I-	4)				

TO:

Registration Section

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

. (a)	609 NW 5th CT Hallandale Beach, FI 33009	(b)	609 NW 5th CT Hallandale Beach, Fl 330
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		_	
	11/14/2011		L11000129501
-	Date of filing/registration in Florida	4.	Document number
(a)			
` '	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State:
	United States Corporation Agents, INC.		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS,	<u>s</u>
	13302 Winding Oak Court		
	Tampa	33612	!
	, (*)	' 	
(b)	Mae Young		
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office add	Idress:
	609 NW 5th CT Hallandale Beach, FI 33009)	S) All Districtions of the second of the se
	NEW Registered Office Address:		
	609 NW 5th CT		
	Hallandale Beach , FL	33009)
e cha gent v as/wo e arti	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liber authorized by an affirmative vote of the members of organization or the operating agreement of the	f the regis ability co of the lim	istered office and the business office of the registered company, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	Mas Coung	Mad	ae H. Young
			Printed or typed name of signee
I herei provisi he obl	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I din writing of this change.	ree to act performed for in C hereby co	

Mas Goung
Signature of Registered Agent