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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporat		
SUBJECT:	Y Charter Himir CLC Name of Limited Liability Company	<u> </u>
Dear Sir or Madam:		
The enclosed Registered Ag	gent/Registered Office Change and fee(s) are sub	omitted for filing.
Please return all corresponde	ence concerning this matter to the following:	
k ostyante Name o	Yn Sokol Person	
Y CNORTE Firm/Co	ompany (many)	
3363 <i>DE</i> Addr	16311 57 #802 ress	2018 DGC -9
Lortn Mami City/State a	Beach, F1 33160 and Zip Code	1 5:45 1 5:45
E-mail address: (to be used for	future annual report notification)	இ ப
For further information cond	cerning this matter, please call:	
Yos > 1 Sok	at (305) 828 9 4	99. \$339 Telephone Number
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 33	Registration Section Ons Division of Corporation P.O. Box 6327 Tallahassee, Florida 3	ons
Enclosed is a check	for the following amount:	
□ \$25 Filing Fee	□ \$55 Filing Fee & C	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.

agent, or both, in the state of Florida.	
1. Name of the limited liability company: Y Chair	red wani
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	13363 DE 16312 ST SIR 802 LOTTO Mani Beach, A 33160
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same
7/26/2012	C 12000096412
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Kostyantyn solvol
Registered Office Address:	3363 WE 1631 87 GUIL BOZ LOTE DECENSI BLOCK 1 # 33160
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3363 NE 16312 St 51.802
	Costn orieni Bela, FL 23160
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Significant of a member or authorized representative of a member	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or
Printed or typed name of signee	- 5: 45 - 5: 45
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of a lambda accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	oper and complete performance of my duties, sition as registered agent as provided for in

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