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#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: YP Realty 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:

## Yokasta Cruz

Name of Person

YP Realty LLC.

Firm/Company

5901 NW 151 St. Suite 211

Address

Miami Lakes, FL 33014

City/State and Zip Code

## yprealtyllc@gmail.com

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

For further information concerning this matter, please call:

## Yokasta Cruz

<sub>at</sub> (305)

915-3755

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: YP Realty LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: 5901 NW 151 St. Suite 211, Miami Lakes, FL 33019
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5901 NW 151 St. Suite 211, Miami Lakes, FL 33018
07/27/2012	د_ L12000097695
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Yokasta Cruz
Registered Office Address:	4000 SW 130th Ave.  Miramar, FL 33027
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	5901 NW 151 St. Suite 211, Miami Lakes, FL 3301
(MUST BE FLORIDA STREET ADDRESS)	
If the limited liability company is not organized under a confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized epresentative of a member	the laws of the State of Florida, it is hereby ne Florida street address of the registered office dentical. Or, in the case of a Florida limited se(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or
YOKASTA CRUZ Printed or typed name of signee	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608 F.S. Or, if this document is being filed to address, I hereby complem that the limited liability compositions of Registered Seent	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.

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