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(Requestor's Name)									
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PICK-UP	WAIT	MAIL.							
(Business Entity Name)									
(Document Number)									
Certified Copies	Certificates	s of Status							
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COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: RODDR YATES & YATES 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:								
Name of Person								
ARTHUR YATES AND SON Firm/Company								
1708 S. DALE MABRY HWY. Address								
TAMPA EL 33629 City/State and Zip Code								
E-mail address: (to be used for future annual report	notification)							
For further information concerning this matter, please call	:							
DAVVID YATED at 81	3, 253-2164							
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							

INHS18 (2/14)

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.

1.	Na	me of the limited liability company:	A	<u>4Y</u>	<u>237</u>	& YATE	B LL	<u>C</u>
2.	(a)		_	(b) _				
·		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	` , _		-		l liability company: FOFFICE BOX)
		1708 S. DALE MABRY HU	ĬΥ.	_		NAZ	\E	
		TAMPA, FL 33629	_	_		· · · · · · · · · · · · · · · · · · ·		
		12/05/2012			L1	2000	152	502
3.		Date of filing/registration in Florida	4.			Document r	umber	
5.	(a)							
		Registered Agent and Registered Office shown on the records of the	e Flo	rida D	ept. of Sta	ite:		
		NRAI SERVICED, INO						
		Registered Office Address (MUST BE FLORIDA STREET AL		ESS)	•	_		
		1200 S. PINE 15LAND	R	290	7		2011	
		PLANTATION, FL	33	3'37	24		(5) (5)	E company
	(b)					グル ジバス ですべ ドゴ c	٩	17
(0)	(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>		addre	<u>ess</u> :	F.	ָר ה מי	O
		DAVID L. VATED				ORIDA	6. 0)	
		NEW Registered Office Address:				-	_	
		1708 S. DAVE MABRY	+	1111	<u> </u>			
		TAMPA,FL	3	36	50	_		
the age wa the	cha ent w s/we arti-	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabilities of a member or authorized representative of a member	he re vility the l mite	egiste com limite d lial	red office pany, it be liability con the liability continues the l	ce and the bus is hereby con ty company of mpany. Printed or typ	iness off firmed the r as other Sed name o	fice of the registered hat the change(s) erwise provided in
I h ord the to i	eret visio obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change	e to erfo for i ereby	act in rman n Cho conj	this cap ce of my apter 60 firm that	pacity. I furth duties, and I 15, F.S. Or, if t the limited li	er agree am fami this doc ability c	e to comply with the liar with and accept ument is being filed ompany has been

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

Signature of Registered Agent