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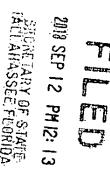
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SEP 13 2013 D. SIRUCE

COVER LETTER

Division of Corporations				
SUBJECT: YNA Trading LL Name of Limited L	Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filin	g.		
Please return all correspondence concerning this matt	er to the following:			
Mohamad Yassin Altabba Name of Person				
YNA Trading ILC Firm/Gorlipany				
872 NW 110 Ave	 	SECRETARY	2019 SEP 12	C
Plantation, FL 33324 City/State and Zip Code		OF STATE	12 PH 12: 13	Ş
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please	e call:			
Aya Nouri at (95)	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			

Enclosed is a check for the following amount:

□ \$25 Filing Fee

2661 Executive Center Circle Tallahassee, Florida 32301

\$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

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. Tradina 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Dlantation, FL (b) Mailing address of limited liability company: Samo (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Company Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: NW 110 Ave (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of ofganization of the operating agreement of the limited liability company. Signature of a monitor or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm, that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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