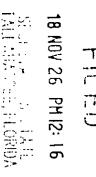
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Office Use Only



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K. SALY DEC - 4 2018

COVER LETTER

	Registration Section Division of Corporations						
SUBJE	Ytech-384 Units Belle Glade Investments, LLC						
.,,,,,,,,,	Name of Limited Liability Company						
Dear Sir	r or Madam:						
The enc	losed Registered Agent/Registered Of	fice Change and fo	ee(s) are submitted for filing.				
Please r	eturn all correspondence concerning th	nis matter to the fo	llowing:				
Alexar	nder Lian						
	Name of Person		-				
Alexar	nder Lian, P.A.						
	Firm/Company		-				
1001 E	Brickell Bay Drive, Suite 1812						
	Address		-				
Miami,	FL 33131						
	City/State and Zip Code						
alian@)alexanderlian.com						
E-	mail address: (to be used for future am	nual report notific	ation)				
For furt	her information concerning this matter	, please call:					
Alexan	der Lian	305	381-7910				
	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	Regi Divi: P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, 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 1177 101	м.			
1. N	ame of the limited liability company: Ytech-38	4 Units Bell	e Glade Inve	stments, LLC
2. (a)	Ytech-384 Units Belle Glade Investments	s, LLC $_{ m O}$	Ytech-384	Units Belle Glade Investments,
2. (11)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Maili	ng address of limited hability company: ote: MAYBE POST OFFICE BOX)
	2000 South Maine Street		2000 South	Main Street
	Belle Glade, FL 33430		Belle Glade	, FL 33430
			L13000	032480
3.	Date of filing/registration in Florida	4.		cument number
5. (a)	Alexander Lian, P.A.			
5. (a)	Registered Agent and Registered Office shown on the recor	rds of the Florid	a Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	2 South Biscayne Blvd, Suite 3760			18 NOV 26
	Miami	FL 33131		V 26 PHI
(b)	Alexander Lian, P.A.			NOV 26 PH 12: 16
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	stered Office ad	dress:	<u> </u>
	NEW Registered Office Address:			
	1001 Brickell Bay Drive, Suite 1812			
	Miami	FL_33131		
the chargent was/w the art	limited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement of the operating agreement of the operation of a member of a memb	ess of the regited liability copers of the limited Ale	stered office and ompany, it is he nited liability co liability compar xander Lian Prin	If the business office of the registered reby confirmed that the change(s) impany or as otherwise provided in ty. Ited or typed name of signee
provis. the ob- to mer	by accept the appointment as registered agent amions of all statutes relative to the proper and compligations of my position as registered agent as provide to the confice address of this phange.	a agree to ac pleie perform ovided for in (ss. I hereby c	ance of my duti Chapter 605, F., Chipter that the	es, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been

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

Signature of Registered Agent