213000/07941

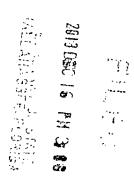
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
,		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
DEC 1 8 2019		
A. LUNT		

Office Use Only



500253541225

12/16/13--01048--084 **50.00



COVER LETTER

Division of Corporations			
SUBJECT: Your way Veni	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:			
Kimberly Yarborough			
Name of Person		28 131	
Your Way Vending Scruice Firm/Company	is 11c	ALLYRON IN	
P.O. Box 167			
Glan St. Mary Fl. City/State and Zip Code	32040	""	
E-mail address: (to be used for future annual report	notification)		
For further information concerning this matt	ter, please call:		
Kimberly Yarborough Name of Person	at (904) 813-844) Area Code & Daytime Telephor	ne 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	ng amount:		

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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: Your WAY	Vending Services 11c
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	13535 County Road 127 SANDERSON Fl. 32087
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 167 Glen St. Mary Fl. 32040
07/30/13	L13000107941
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Kimberly Yarborough
Registered Office Address:	13535 County Road 127 17 SANderson Ft. 320871 -
(b) Enter name of NEW Registered Agent and/or NEV	্ত্র ভূম V Registered Office address:
NEW Registered Agent:	NA
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11397 Pine loop Glow st. Mary ,FL 32040
NEW Registered Office Address:	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fland 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. Signature of a member or authorized representative of a member Kimberly Marborough Printed or typed name of signee	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of e provided in the articles of organization or
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fland the business office of the registered agent will be identicability 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. Signature of a member or authorized representative of a member	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of e provided in the articles of organization or

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