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YOLO INDUSTRIES, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: YOLO INDUSTRIES	шс	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	113 GULL DR. ANNA MARIA, FL 34216	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	11206 CEDAR DR. LEAWOOD, KS 66211	
01/08/	2014	L14000004260	
3. Da	te of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of St	T Rain
	Registered Agent:	FISHER, TIMOTHY J.	E CREE
	Registered Office Address:	113 GULL DR. ANNA MARIA, FL 34216	TAFY ASSE
			OF ST
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>		TATE ORID
	NEW Registered Agent:	National Corporate Research, LI	td., Mc.
NEW Registered Office Address: (MUST RE FLORIDA STREET ADDRESS)			
		155 Office Plaza Drive	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive Tallahassee ,FL	32301_
configure and tile liabil the mathematical the options of the opti	limited liability company is not organized under the remed that after the change or changes are made, the Fine business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwiperating agreement of the limited liability company. The of a member or authorized representative of a member	Tallahassee ,FL aws of the State of Florida, it is here orida street address of the registered ical. Or, in the case of a Florida lim was/were authorized by an affirmat	by l office ited ive vote of
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