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Division of Corporations

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From:

Account Name : INCORP SERVICES INC

Account Number : (20)2000007 Phone : (702)866-2500 : (702)866 2689 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ______Documents@incorp.com

LLC REGISTERED AGENT CHANGE YF PALM BAY, LLC

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COVER LETTER

TO:	Registration Section Division of Corporations		
	ECT: YF Palm Bay, LLC Name of Limited Liability Company		
SUBJ			
Dear S	Bir or Madam:		
The ci	nclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.	
Please	return all correspondence concerning this ma-	tter to the following:	
	Jackie DeFilippis		
	Name of Person		
	InCorp Services, Inc.		
	Firm/Company		
	3773 Howard Hughes Pkwy Suite SOC	os	
	Address		
	Las Vegas, NV 89169-6014	_	
	City/State and Zip Code		
	Documents@incorp.com		
	E-mail address: (to be used for future annual r	eport notification)	
For fo	orther information concerning this matter, plea	se call:	
Jack	ie DeFilippis for InCorp Services, Inc.	800-246-2877	
	Name of Person	Area Code & Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following auto	ount:	
	■ \$25 Filing Fee	☐ \$55 Filing Fcc & Certified Copy	

H20000248687 3

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

Fursuant 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.

. Na	me of the limited liability company: YF Palm Bay, LLC	
		(b)
. (11)	Principal office address of limited finallity company: (Note: MUST RE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1350 E. NEWPORT CENTER DRIVE, SUITE 110	1350 E. NEWPORT CENTER DRIVE, SUITE 110
	DEERFIELD BEACH, FL 33442	DEERFIELD BEACH, FL 33442
	03/24/2014	L14000048908
3.		4. Document number
3.		
5. (a)	STROSS, CHRISTY B Registered Agent and Registered Office shown on the records of the	Florida Dept. of State:
	111 2Nd Avenue Ne · Suite 1402	
	Registered Office Address (MUST BE FLORIDA STREET ADD	DRESS)
	St. Petersburg , FL_	33701
(ს)	InCorp Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Of	ffice addyrsy:
	Enter name of NEW Registered Agent amount NETH RESIDENCE	the address:
	17888 67th Court North	
	NEW Registered Office Address:	_
	Loxahatchee ,FL_	33470
chang agent was/v the ar	limited liability company is not organized under the laws e or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liability and provided by an affirmative vote of the members of ticles of organization or the operating agreement of the limited of the limited agreement of the limited agre	the limited liability company or as otherwise provided in
W.	ature of a member organitorized representative of a member	Printed or typed name of signee
I her provi the of to me notif	chy accept the appointment as registered agent and agree sions of all statules relative to the proper and complete pestignation of my position as registered agent as provided if any effect of the change is the fee stered office address, I he	e to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and accepture in Chapter 605, F.S. Or, if this document is being filed reby confirm that the limited liability company has been DeFilippis on behalf of Incorp Services. Inc.

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