Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

: (702)865-2500

Phone Fax Number

: (702)866-2689

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

Email Address: Pocyvicin 50

LLC REGISTERED AGENT CHANGE YF CONCORD, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

C. GOLDEN Help

COVER LETTER

TO:	Registration Section Division of Corporations					
CHET	PCT.	YF Concord, LLC				
SUBJI	Name of Limited Liability Company					
Dear S	ir or Madam:	,				
The en	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this	s matter to the following:				
	Vincent Rojo					
	Name of Person					
	InCorp Services, Inc.					
	Firm/Company					
	3773 Howard Hughes Pkwy, Sulte	5005				
	Address					
	Las Vegas, NV 89169-6014	I				
	City/State and Zip Code					
	documents@incorp.com					
E	E-mail address: (to be used for future annu	ual report notification)				
For fu	rther information concerning this matter,	please call:				
Vincent Rojo 800-246-2		800-248-2677 ext. 6933				
	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	amount:				
	2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHSI	8 (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 understgned 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: YF Concord, LL	rc			
2. (6	1950 E MEMPORT CENTER ORIVE		(b) 1350 E. NEWPORT CENTER DRIVE		
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Meiling ac	dress of limited liability company: MAY BE POST OFFICE BOX)	
	SUITE 110		SUITE 110		
	DEERFIELD BEACH, FL 33442	_	DEERFIELD BEA	CH, FL 33442	
	03/24/2014		L14000048933		
3.	Date of filing/registration in Florida	4.	Docum	ent number	
5. (STROSS, CHRISTY				
٠. (Registered Agent and Registered Office shown on the records of t	the Flo	rida Dept. of State:		
	111 2nd Avenue NE, Suite 1402				
	Registered Office Address (MUST BE FLORIDA STREET A	1DDRI	<u> </u>	18 67.23	
	St. PetersburgFL	,	33701	<u>-</u>	
		-			
ં(P .	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	ći 🦈	
	17888 67th Court North			<u>-</u> 5	
	NEW Registered Office Address:				
			00.470		
	Loxahatchee, FL		33470		
chan agen was/	e limited liability company is not organized under the law ge or changes are made, the Florida street address of the t will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members o rticles of organization or the operating agreement of the	regist bility of the	ered office and the bu company, it is hereby limited liability compa	siness office of the registered confirmed that the change(s)	
S. Face		<u> </u>	David Mayer		
	nature of a member or suthorized representative of a member	4 .		or typed name of signee	
I he prov the o to m notif	reby accept the appointment as registered agent and agre isions of all statutes relative to the proper and complete p obligations of my position as registered agent as provided erely reflect a change in the registered office address, I h ied in writing of this change.	ee to e perfoi 1 for i rereby	act in this capacity. I mance of my dulles, a n Chapter 605, F.S. C confirm that the limit	justier agree to comply with the wind I am familiar with and accept on it is being filed led liability company has been	
_<	Vincent Rojo on behalf of	í InCo	rp Services, Inc.		

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