Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1120000247985 3)))



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To:

Division of Corporations

Fax Number : (850) 617 6383

From:

Account Name : INCORP SERVICES INC

R WHITE Addount Number : 120120000007 MF 38 3030

Email Address:

Phone : (702)866-2500

Documents@incorp.com

Fax Number : (702)366 2689

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

LLC REGISTERED AGENT CHANGE

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YF TOWN CENTER, LLC

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Ffom: GFI FaxMaker To: 18506176383 Page: 2/3 Date: 7/28/2020 11:11:03 AM

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## COVER LETTER

TO: Registration Section Division of Corporations			
YF Tow	YF Town Center, LLC		
SBJECT: Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Jackie DeFilippis			
Name of Person			
InCorp Services, Inc.			
Firm/Company			
3773 Howard Hughes Pkwy Suite 500S			
Address	···		
Las Vegas, NV 89169-6014			
City/State and Zip Code			
Documents@incorp.com	·		
E-mail address: (to be used for future annual report	a notification)		
For further information concerning this matter, please e	ail:		
Jackie DeFilippis for InCorp Services, Inc. 80	0-246-2677		
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:			
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

## H20000247985 3

## 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. <b>N</b> g	ame of the limited fiability company: YF Town Center	er, LLC		
2. (a)		(b) 1350 E Newport Center Drive		
i (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)	
	1350 E. NEWPORT CENTER DRIVE, STE 110	S	uite 110	
	DEERFIELD BEACH, FL 33442		eerfield Beach, FL 33442	
	03/24/2014	L1	4000048934	
3.	Date of filing/registration in Florida	- <sub>4.</sub> -	Document number	
	Christy B. Stross		•	
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Da	ent of State:	
	111 2nd Avenue NE, Suite 1402		2620	
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS		
	Registered Office Address (MOST BETTACKTON)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			<del>-</del> 23	
	St Petersburg , FI	337	01	
			ယ့	
(b)	InCorp Services, Inc.	<u></u>		
	limier mane of NEW Registered Agent and/or NEW Registered	Office addre	: <u>••</u>	
	17888 67th Court North		···	
	NEW Registered Office Address:			
	Loxahatchee	334	<del></del>	
	Loxanarchee , FI	·	<del> </del>	
change agent v was/w	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the	registered ability comp of the limite dimited list	office and the business office of the registered pany, it is hereby confirmed that the change(s) ad liability company or as otherwise provided in	
	dure of a member of authorized representative of a member	, <del>-</del>	Printed or typed name of signee	
provide the Styl tusker	by accept the appointment as registered agent and agentions of all statutes relative to the proper and complete ligations of my position of registered agent as provide elymptered agent as provide elymptered office address, I	perjormani d for in Che hereby conj	re of my duries, that I am familia with the decep- ipter 605, F.S. Or, if this document is being filed from that the limited liability company has been	
704	of infrienting of this change	Jackie DeFi	lippis on behalf of Incorp Services, Inc.	
, <del></del>		n (222 -	Tullahasson RI 32314	

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