Division of Corporations

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(((H20000231822 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500 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: Documents@incorp.com

LLC REGISTERED AGENT CHANGE YF HOLLYWOOD, LLC

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Fom: GFI FaxMaker To: 18506176383 Page: 2/3 Date: 7/17/2020 2:26:47 PM

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COVER LETTER

TO:	Registration Section Division of Corporations							
CHDI	YF Hollywood, LLC Name of Limited Liability Company							
อดถา								
Dear S	ir or Madam:							
The ci	nclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.						
Please	return all correspondence concerning this r	natter to the following:						
	Jackie DeFilippis							
	Name of Person							
	InCorp Services, Inc.							
	Firm/Company							
	3773 Howard Hughes Pkwy Suite 5	500S						
	Address							
	Las Vegas, NV 89169-6014							
	City/State and Zip Code							
	Documents@incorp.com							
	E-mail address: (to be used for future annua	l report notification)						
For fi	rther information concerning this matter, pl	case call:						
Jacki	e DeFilippis for InCorp Services, Inc.	(702) 866-2500 Ext 6915						
	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 a	mount:						
	■ \$25 Filing Fee	S55 Filing Fee & Certified Copy						
INHS	18 (2/14)							

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Date: 7/17/2020 2:26:47 PM H2UUUU231822 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 hoth, in the State of Florida.

l. Ne	ame of the limited liability company: YF Hollywoo	od, LL	C					
2. (a)	1350 E. NEWPORT CENTER DRIVE		(b) 135	0 E. NEW	PORT CEI	NTER DRI	VE	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		ig address of te: MAY Bi		-	•
	SUITE 110		SUIT	TE 110				
	DEERFIELD BEACH, FL 33442		DEE	RFIELD B	BEACH, FL	. 33442	 —	
	03/24/2014		L140	0004900	3			
3.	Date of filing/registration in Florida		4.	Doc	ument nur	nber		
5. (a)	STROSS, CHRISTY B							
. (u)	Registered Agent and Registered Office shown on the records	s of the	Florida Dept.	of State:				
	111 2Nd Avenue Ne · Suite 1402							
	Registered Office Address (MUST BE FLORIDA STRE	ET ADI	RESS)					
						- 22 - 22 - 23 - 24	2021	
	St. Petersburg	FL	33701				2020 JUL 17	1
(b)	InCorp Services, Inc.					第2		
(-)	Enter name of NEW Registered Agent and/or NEW Register	ered Of	lice address:				A	11
	17888 67th Court North					STATI	9: 16	J
	NEW Registered Office Address:					111	0,	
	Loxahatchee	E	33470					
	LOXAHAIOIGE	. FL						
chang agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	the reg d liabil rs of tl	gistered offi ity compan ne limited l iited liabilit	ice and the y, it is her iability con ty compan	e business reby confir mpany or a	office of the of the office of	he regis he char	itered ige(s)
	ature of a member or authorized representative of a member		David M		ited or typed	name of sig	nee	_
I here provis the obtained in merital notities to the contract of the contract	thy accept the appointment as registered agent and ions of all statutes relative to the proper and completigations of my position as registered agent as provely reflect a change in the registered office address din writing of this change. Jackie DeFilippis on the of Registered Agent	ete per ided fo :, I her	formance of or in Chapte eby confirm	of my duite or 605, F.S i that the l	s, ana 1 ai S. Or, if th imited liah	m ramuaar	wил аз	на ассет

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