Florida Départment of Stat

Division of Corporations ctronic Filing Cover Sheet

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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.

Documents@incorp.com Email Address:

LLC REGISTERED AGENT CHANGE YF POMPANO, LLC

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COVER LETTER

TO: Registration Section Division of Corporations						
YF	YF Pompano, LLC					
SUBJECT: Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office C	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 500)S					
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 further information concerning this matter, plea	se call:					
Jackie DeFilippis for InCorp Services, Inc.	800-246-2677					
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 ame	ount:					
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comp submits the following statement in order to change its registered office or registered agent, or both, in the State of Flori

1.	Na	me of the limited liability company: YF Pompano, L	LC			
2.	(a)	Principal office address of limited liability company:	_	(b)	Mailing address of limited liability compan	 ıy:
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)	
		1350 E NEWPORT CENTER DR STE 110		•	1350 E NEWPORT CENTER DR STE 110	_
		DEERFIELD BEACH, FL 33442			DEERFIELD BEACH, FL 33442	_
		03/24/2014		L	_14000052929	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Christy B. Stross				
J.	(4)	Registered Agent and Registered Office shown on the records of the	ne Floi	rida D	Dept. of State:	
		111 2nd Avenue NE, Suite 1402				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRI	<u> </u>	2021	_
		St Petersburg , FL		337	3701	
		InCorp Services, Inc.				
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	addı	1	
					6 المستندية: خو	
		17888 67th Court North				
		NEW Registered Office Address:				
		Loxahatchee		334	 3470	
		, 11/_			 -	
ch ag wa	ange cnt v as/w e art	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the light	regisi bility f the	con limit	mpany, it is hereby confirmed that the change ited liability company or as otherwise provide	(s
₩			_[Davi	vid Mayer	_
I pr th to no	here ovis e ob incr itifie	ture of a member or puthorized representative of a member by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. In d in writing of this change: Ackie DeFilippis applied to the proper and complete place and the provided agent as provided in writing of this change.	for i	n Cl v cor	Printed or typed name of signee in this capacity. I further agree to comply with ance of my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is being onfirm that the limited liability company has but of Incorp Services, Inc.	th ac g J ee
, 1	enan	()				

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