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To:

Division of Corporations

Fax Number : (850)61/ 6383

From:

Account Name : INCORP SERVICES INC

Account Number : (20120000007) Phone : (702)866-2500 Fax Number : (702)366 2639

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

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LLC REGISTERED AGENT CHANGE YF SE FLA, LLC

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S. YOUNG

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COVERLETTER

TO: Registration Section Division of Corporations								
	YF SE FLA, LLC							
SUBJECT:	Name of Limited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.							
Please return all correspondence concernir	ng this matter to the following:							
Jackie DeFilippis								
Name of Person								
InCorp Services, In	C.							
Firm/Company								
3773 Howard Hughes Pkwy. •	Suite 500S							
Address								
Las Vegas, NV 89169-	6014							
City/State and Zip Co	de							
Documents@incorp.o	com							
E-mail address: (to be used for future	annual report notification)							
For further information concerning this ma	ntter, please 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 follow	wing amount:							
■ \$25 Filling Fee	☐ \$55 Filing Fee & Certified Copy							

INHS18 (2/14)

TO:

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. N	ame of the limited liability company: YF SE FLA,	LLC					
2. (a)			(b)	477			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limit (Note: <u>MAY BE PO</u> .		-	
	1350 E NEWPORT CENTER DRIVE STE 110	0	1350 € N	EWPORT CENTER			-
	Deerfield Beach, FL 33442		Deerfield	Beach, FL 33442			
	03/31/2014		L1400005	2939			
3.	Date of filing/registration in Florida	<u> </u>		Document number			
5. (a)	STROSS, CHRISTY B					2020	
ο. (α ₎	Registered Agent and Registered Office shown on the records	of the Fl	orida Dept. of Stat	- е;	:		; =
	111 2Nd Avenue Ne · Suite 1402			-	:	[\frac{1}{2}]	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•	. :	о 	1 mage N 2
						<u> </u>	. 7 i
	St. Petersburg	FI.	33701		•	7:	
				_		0	
(b)				_			
	Enter name of NEW Registered Agent and/or NEW Register	red Offic	e address:				
	17888 67th Court North						
	NEW Registered Office Address:	***		_			
				_			
	Loxahatchee	FI.	33470	_			
changagent was/w	limited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the unique of a member of the member of the member of the member of the operation of a member	the regis Hiability is of the	stered office an y company, it is Timited liabilit	d the business offices s hereby confirmed y company or as off	e of the that the herwise	e chang provid	ered e(s)
provis the ob to mer notifie	thy accept the appointment as registered agent and a tions of all statutes relative to the proper and completing tions of my position as registered agent as providely reflect a change in the registered office address, stin-priting of this change. Jackie of Registered Agent	ded perfo ded for I hereb	irmance of my in Chapter 605 y confirm that		nmar w cumen compa		

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