

L14000068932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400268542044

01/26/15--01007--020 **35.00

RECEIVED
FILED

15 JAN 26 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5102 6 3 1117

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MYT 168, LLC
Name of Corporation

DOCUMENT NUMBER: L14000068932

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FELIX KORPAR, D.O.
Name of Contact Person

CH&CC
Firm/Company

2701 E. FOWLER AVE.
Address

TAMPA, FL 33612
City/State and Zip Code

felix.korpar@clariontampa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FELIX KORPAR at (813) 971-4710 X 3617
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MYT 168, LLC
2. The principal office address: 2701 EAST FOWLER AVE.
TAMPA, FL 33612, U.S.A.
3. The mailing address (if different): 55 CHADWICK CRESCENT
RICHMOND HILL, ONTARIO L4B2W1, CA
4. Date of incorporation/qualification: 04/28/2014 Document number: L14000068932
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

VOGLER ASHTON PLLC
2411-A MANATEE AVE. W.
BRADENTON, FL 34205, U.S.

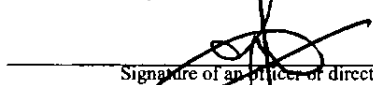
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

FELIX KORPAR, D.O.
2701 E. FOWLER AVE.
P.O. Box NOT acceptable
TAMPA, FL 33612, U.S.

APPROVED
AND
FILED
15 JAN 26 PM 4: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

MIN TCHANG

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

01/20/2015

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***