## L140000710963

(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



200290954502

10/07/16--01023--010 \*\*35.00

PILED 2016 DEC -S P 2: 52 SECRETARY OF STATE

D: BRUCE DEC 0 6 2016



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2016

WAEL YACOUB 934 INTERNATIONAL PARKWAY LAKE MARY, FL 32746

SUBJECT: Y-BROTHERS LLC Ref. Number: L14000076963

We have received your document for Y-BROTHERS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 316A00022010EC -5

FILED

## **COVER LETTER**

Division of C				
SUBJECT:	Y Brother	.)	ability Company	
Dear Sir or Madam:				
The enclosed Registe	ered Agent/Registered Off	ice Change and	fee(s) are submitted for	filing.
	espondence concerning th	-		-
	vael Yacoub			
 1 	Name of Person			
934 Inter	Firm/Company  National Park  Address	cway		20 TAI
Lakema	City/State and Zip Code	0	_	1016 DEC -5 F SECKETARY O ALLAHASSEE
Wael a Se E-mail address:	Curity dzian (to be used for future ann	.C OM lual report notif	ication)	P 2: 52 F STATE FLORIDA
For further information	on concerning this matter,	please call:		
Wacl Y	acoub e of Person	_ at ( <u>407</u>	79 2-630 Area Code & Daytime	Telephone Number
Registration Division of C Clifton Build 2661 Executi	Corporations	Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314	
Enclosed is	a check for the following	amount:		

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

INHS18 (2/14)

## 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. Name of the limited liability company: Y Brothers	
2. (a) 934 International Parkway (b)	Same
Principal office address of limited liability company:	ailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	( <u>Note: MAY BE POST OFFICE BOX</u> )
_ welling 11 52176	
· · · · · · · · · · · · · · · · · · ·	
MAULY 2011	1000071963
	Document number
Tan Catton Con on	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
1540 International Parkway	
Registered Office Address (MUST BE FLORIDA STREET APDRESS)	V
047000	
Lakemany, FL 32746	7
NAME MACOUL	2016 SEC SEC
(b) w VIACL YULUI (and/or NEW Registered Office address)	PEC PEC
Cill Internal Days	SSEE -5
934 International Parkway	To U
NEW Registered Office Address:	S TATE
	5 <b>2</b>
"lake many ,FL 32746	
$\sigma$	
If the limited liability company is not organized under the laws of the State of Flor the change or changes are made, the Florida street address of the registered office	and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it is was/word authorized by an affirmative vote of the members of the limited liability	company or as otherwise provided in
the articles of organization or the operating agreement of the limited liability comp	oany.
Signature of a member or authorized representative of a member	A KOLOKE Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity	city. I further agree to comply with the
provisions of all statutes relative to the proper and complete performance of my di the obligations of my position as registered agent as provided for in Chapter 605, to merely reflect a change in the registered office address, I hereby confirm that the	F.S. Or, if this document is being filed ne limited liability company has been
notified in writing of this change.	
Signature of Registered Agent	