

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6383

From:

		•
Account Name	:	TRIPP SCOTT, P.A.
Account Number	:	075350000065
Phone	:	(954)525-7500
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\*\*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 YOUGOVI, LLC

		Certificate of Status	0		2815 /	71
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**Electronic Filing Menu** 

Corporate Filing Menu

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TEMENT OF CHANGE OF REGISTE	RED OFFICE OR R LIABILITY COMP	
ant to the provisions of sections 605.0114 or its the following statement in order to chans		ies, the undersigned limited liability company or registered agent, or both, in the State of
la.		
ame of the limited liability company: YOUG		
300 71st Street Principal office address of timited liability con	(b) <u>sam</u>	e as principal address Mailing address of fimited liability company
(Note: MUST BE STREET ADDRESS Suite 410		(Note: MAY BE POST OFFICE BOX)
Miami Beach, FL 33141	<u></u>	
June 20, 2014	L140	00098807
Date of filing/registration in Florida	استعداد بجوب المراجع	Document number
John Battaglia Registered Office Address <u>(MUST BE FLORIDA</u> 4320 West Park Road	<u>STREET ADDRESS</u>	
Hollywood	, FL 33021	
Unter name of NEW Registered Agent and/or NEW 1		
linter name of NEW Registered Agent and/or NEW I	Registered Office address	
Nick Antonacci		
NEW Registered Office Address		
12107 Park Drive	······	
Cooper City	, FL_33026	. بر مدین
timited liability company is not organized und		

Signature of a member or authorized representative of a member

'y ''

\*\*

Jorge A. Hernando, Manage Printed or typed name of signee

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 can familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is heing filed to merely reflect a chapter in the registered affect address. I hereby confirm that the limited liability company has been notified in writing of the change. Signature of Registered Agent NICK ANTONACCI

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