Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (950)617 6393

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LLC REGISTERED AGENT CHANGE YF HAMMOCK LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

COVER LETTER

FO: Registration Section Division of Corporations						
SUBJECT: YF HAMMOCK LLC	Lt !- Liller Communi					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to t	he following:					
Joanna Fernandez						
Name of Person						
InCorp Services, Inc.						
Firm/Company						
3773 Howard Hughes Parkway Suite 500S						
Address						
Las Vegas, NV 89169-6014						
City/State and Zip Code						
documents@incorp.com E-mail address: (to be used for future annual report n	otification)					
For further information concerning this matter, please eall:						
Joanna Fernandez for InCorp Services, Inc. at (70)	2) 866-2500 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 amount:	•					
	S55 Filing Fee & Certified Copy					

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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

1. Na	me of the limited liability company:	YF HAMMOCK	LLC		
	1350 E. NEWPORT CENTER DRIV	E SUITE 110		1350 E. NEWPORT CENTE	R DRIVE SUITE 110
2. (a)	Principal office address of limited linbil (Note: MUST BE STREET ADD		(0)	Mailing address of limited (Note: MAY BE POST)	liability company: QEFICE BOX)
	DEERFIELD BEACH, FL 33442			DEERFIELD BEACH, FL 334	142
	02/18/2015		_	L15000030475	
3. 5. (a)	Date of filing/registration in F STROSS, CHRISTY B		4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 111 2nd Avenue NE, Suite 1402		Dept. of State:	159.	
	Registered Office Address (MUST BE FLQ	RIDA STREET AD			18 (18) 28 (18)
	ST. PETERSBURG	, F1	33707		<u></u>
(b)	InCorp Services, Inc.		_		P. 1. 9:
(0)	Fatter name of NEW Registered Agent und/or	NEW Registered O	ffice ad	<u>lress</u> :	<u>5</u>
	17888 67th Court North				
	NEW Registered Office Address:				
	Loxahatchee	, FL	3347)	
the cha	imited liability company is not organize inge or changes are made, the Florida si vill be identical. Or, in the case of a Flore authorized by an affirmative vote of icles of organization or the operating ag	reet address of the orida limited liab the members of	ifity co the lim	ompany, it is hereby confirmed the liability company or as other	not the change(s)
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			David Mayer	
1 here provis the ob- to mer	ture of a member of althorized representative of by accept the appointment as registered forms of all statutes relative to the properties of my position as registered as ely reflect a charge in the registered of d in writing of this charge. — TOPHER ALLIANTY JOANNA F	l agent and agree r and complete p gent as provided lice address, I he	för in (reby c	hapter 605, F.S. Or, if this doc onfirm that the limited liability c	to annualy with the
Signati	ry of Registered Agent				