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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Te: Division of Corporations Fax Number : (830)617-6383							
		IAX NUMBER						
	From:			-				
		Account Name	: INCORP SERVICES INC	•				
		Account Number	: 12012000007					
		Phone	: (702)866 2500	•				
		Fax Number	: (702)866-2689	, :				
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annua	al report	t mailings. Ente	r only one email address t	olease.** 🗌				
Emai	Addres	s: documents@in	icorp.com					

വ പ ÷ ;;:: ____ LLC REGISTERED AGENT CHANGE YF HIALEAH, LLC 2020 JUL 28 lertificate of Status 0 0 Certified Copy 02 Page Count \$25.00 Estimated Charge JUL 2 9 2020 S. YOUNG

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COVER LETTER

TO: Registration Section Division of Corporations

YF Hialeah, 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 concerning this matter to the following:

Lorie Cuni

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. Suite 5005

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorie Cuni for InCorp Services, Inc. 800-246-2677

Name of Person

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Area Code & Daytime Telephone Number

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:

• \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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 Florida.

I. Na	me of the limited liability company:	LLC						
2. (a)			(b)					
c. (a)	Principat office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Muiling address of limited liability company: (Note: MAY BE POST OFFICE ROX)					
	1350 E. NEWPORT CENTER DRIVE SUITE	110						
	DEERFIELD BEACH, FL 33442		DEERFIELD BEACH, FL 33442					
	02/24/2015		L15000	034414				
3.	Date of filing/registration in Florida		4.	Document r	umber			
5. (a)	Stross, Christy B.					282		
s. (a)	Registered Agent and Registered Office shown in the records	state:		ja L				
	111 2nd Avenue NE, Suite 1402					¦≡ ⊇	ہ - ،	
	Registered Office Address MUST BE FLORIDA STRE	<u>DRESS)</u>			28	9		
						μV	1 1 • • • • •	
	St Petersburg	EL.	33701		•		لورا	
(b)	InCorp Services, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Af	fice uildress:					
	17888 67th Court North <u>NEW Registered Office Address:</u>							
	MEW Registered Office Address.	<u>_</u>						
	Loxahatchee	, FL	33470					
change agent was/w the art Sign: <i>I here</i> provis	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the member icles of organization or the operating agreement of more of a member organized representative of a member the accept the appointment as registered agent and ions of all statutes relative to the proper and compu- ligations of my position as registered agent as pro- ely reflect a change in the registered affice address.	the liabil ers of t the lin <i>agree</i> lete pe	to act in this of the second	it is hereby con sility company company. ver Printed or ty capacity. I furt my duties, and cos by Or is	ped nume of sig her agree to f duit docume	he chang sc provi	ge(s) ded in with the d accep ny filed	

Lorie Cuni on behalf of InCorp Services, Inc.

Signature of Registered Agent

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