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To:

Division of Corporations

Fax Number : (350) 617 6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Fhone : (702)866 2500

Pak Number

: (702)866-2589

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@incorp.com

LLC REGISTERED AGENT CHANGE YF RIVERDALE, LLC

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COVER LETTER

4

TO:	Registration Section Division of Corporations					
	YF Riverdale, LLC Name of Limited Liability Company					
SUBJ						
Dear (Sir or Madam:					
The e	nclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.				
Please	return all correspondence concerning this ma	atter to the following:				
	Lorie Cuni					
	Name of Person					
	InCorp Services, Inc.					
	Firm/Company	····				
	3773 Howard Hughes Pkwy. Sulte 500	05				
	Address					
	Las Vegas, NV 89169-6014					
	City/State and Zip Code					
	documents@incorp.com					
	E-mail address: (to be used for future annual i	report notification)				
For fu	irther information concerning this matter, plea	isc call:				
Lorie	Cuni for InCorp Services, Inc.	800-246-2677				
—	Name of Person	Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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 am-	ount:				
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS	18 (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.	Na	me of the limited liability company: YF Riverdale, LL	.C					
	(a)		(b)					
۷.	(4)	Principal office address of limited finhility company: (Note: MUST BE STREET ADDRESS)	Muiting address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		1350 E. NEWPORT CENTER DRIVE SUITE 110	135	60 E. NE	WPORT CENTER D	RIVE SU	ITE 110	
		DEERFIELD BEACH, FL 33442	CH, FL 33442 DEERFIELD BEA			<u> </u>		
		04/13/2015	L15000064348					
3.		Date of filing/registration in Florida	4.		Document number	20		
_		Stross, Christy B.				2020	ু গল্প	
Э.	(#)	Registered Agent and Registered Office shown on the records of th	c Florida Depi	i. of State:	: <u>.</u>		1	
		111 2nd Avenue NE, Suite 1402			· -	. 8		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		, - ·		:	
					·	·1	172H	
		St. Petersburg , FI.	33701	1	·			
(b)		InCorp Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:						
		Enter name of NEW Registers Agent and the Windstein State of the State						
		17888 67th Court North						
	NEW Registered Office Address:							
			33470	n	•			
		Loxahatchee, FI.	3347		-			
e a w	hang gent /as/w ie ati	limited liability company is not organized under the law e or changes are made, the Florida street address of the swill be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	bility compa f the limited	any, it is I liability	s hereby confirmed they company or as other	nat the cha	inge(s)	
A			David	Mayer	Printed or typed name of	Csianee		
_	Sign	ature of a inember of authorized representative of a member	7	ikia sana			v with the	
- p 1)	rovi: he of a me:	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete policies of my position as registered agent as provided rely reflect a change in the registered office address, I held in verying of this change.	ce to act in to performance I for in Chap ereby confi	inis cape e of my e pier 605 rm that i	acity, 1 juriller agree duties, and I con fami i, F.N. Or, if this doc the limited liability co	liar with a ument is h ompany h	and acceptioning filed as been	
	1	Lorie Cuni on behalf of InCorp Services	s, Inc.					