L15000099892

(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:				
Chy. Mars add. to				
Special Instructions to Filing Officer: Cha. Mars add. to New Policy Ren Cheryl. M. M				

Office Use Only



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DIVISION OF CHEPOTATION

M. MILLIGAN AUG 03 2017.

COVER LETTER

TO: Registration Section Division of Corporations					
Yellow Coin Holdings LLC SUBJECT:					
Na	ility Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered O	Office Change and fe	 c(s) are submitted for filing. 			
Please return all correspondence concerning	this matter to the fol	Howing:			
Cheryl Collin					
Name of Person		-			
Yellow Coin Holdings LLC					
Firm/Company		- !			
PO Box 3031					
Address		- 			
Palm Beach, FL 33480					
City/State and Zip Code					
misscheryl72@yahoo.com					
E-mail address: (to be used for future a	nnual report notifica	tion)			
For further information concerning this matter	er, please call:				
Cheryl Collin	561 at (429-8477			
Name of Person	-	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	n Registration Section ations Division of Corporations P.O. Box 6327 nter Circle Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
S25 Filing Fee	\$55	Filing Fee & Certified Copy			
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. Na	une of the limited liability company: Yellow Coin Ho	oldings LLC	
2. (a)		_ \ (b)	
, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	327 Dyer Road	PO Box	3031
	West Palm Beach, FL 33405	Palm Be	each, FL 33480
	6/8/2015	L150000	99892
3. 5. (a)	Date of filing/registration in Florida Cheryl Collin - Mgr	4.	Document number
J. (u)	Registered Agent and Registered Office shown on the records of the Jules Franco - Registered Agent	e Florida Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET AI 327 Dyer Road	DDRESS)	_
	West Palm Beach	33405	
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	Office address:	DIVISION OF CHAR
	NEW Registered Office Address:		AM 10: 45
	West Palm Beach .FL	33405	- -
the cha agent w was/we	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registered offic pility company, it the limited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	Chem) (alli	Cheryl Collin	1
I herel provisi the obli to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I'in writing of this change.	e to act in this cap erformance of my for in Chapter 60 ereby confirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00

Signature of Registered Agent