

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081

Phone : (307)200-2803

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LLC REGISTERED AGENT CHANGE YF REAL ESTATE LLC

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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.

1. N	ame of the limited liability company: YF REAL ES	STATE LL			_		
2. (a)	3030 N. Rocky Point Dr. STE 150A		(b) 3030 N. Rocky Point Dr. STE 150A				
() .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Tampa, FL 33607				
	Tampa, FL 33607						
	11/02/2015		15000185629		_		
3.	Date of filing/registration in Florida	4.	Document number				
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida D	ept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET		230 816 230 816	لبنس			
	, F	L	·	C 30			
(b)	NORTHWEST REGISTERED AGENT II			ED			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	38:	<u> </u>			
	3030 N. Rocky Point Drive, STE 150A			2 8 8 8 9 8 9 8 9 9 9 9 9 9 9 9 9 9			
	NEW Registered Office Address:						
	Tampa, F	_L _33607					
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registe iability com of the limite e limited lia	red office and the business offic pany, it is hereby confirmed that d liability company or as otherw	e of the registere t the change(s)	d		
Signs	nture of a member or authorized representative of a member		Printed or typed name of s	ignee	_		
provis the ob to mer	by accept the appointment as registered agent and ag ions of all statules relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, l d in writing of this change.	gree to act in e performan ed for in Ch hereby con	n this capacity. I further agree to ce of my duties, and I am familic apter 605, F.S. Or, if this docum firm that the limited liability con	o comply with the ar with and accept nent is being filed npany has been	e ot d		
[o_	Tom GloverAssistant Secretary						