L15000 195969

(Requestor's Name)							
(Address)							
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(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Dusiness Estitutions)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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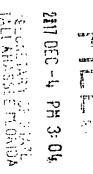


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J. HARRIS



COVER LETTER

ть:	Registration Section Division of Corporations						
CHD I	YENNFITMOM LLC						
SUBJ	CT:Name of Limited Liability Company						
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Off	fice Change and for	ee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the fo	ollowing:				
YENI	NIFER M HARTMAN						
	Name of Person		-				
YENI	NFITMOM LLC						
	Firm/Company		-				
8378	SW 51ST STREET						
	Address						
COO	PER CITY, FL 33328						
	City/State and Zip Code		_				
yenni	ivi@gmail.com						
F	E-mail address: (to be used for future ann	nual report notific	ation)				
For fu	rther information concerning this matter	, please call:					
YEN	NIFER M HARTMAN	305 at (298-6167 _)				
	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclosed is a check for the following amount:						
	■ \$25 Filing Fee	□ \$ 55	Filing Fee & Certified Copy				
INHSI	8 (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. Name of the limited liability company:							
2. (a)		(b)	Mailing address of limited liability company:			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 8378 SW 51ST STREET			(Note: MAY BE POST OFFICE BOX)			
	63/8 5W 5151 51REE1		8378 SV	V 51ST STREET			
	COOPER CITY, FL 33328		COOPE	R CITY, FL 33328			
	11/19/2015		L1500019	95969			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)							
J. (a)	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGENTS		la Dept. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 13302 WINDING OAKS COURT SUITE A			-			
	TAMPA , FL	33612	2				
(b)	Enter name of NEW Registered Agent and/or NEW Registered						
c1) -							
	YENNIFER M HARTMAN			To the state of th			
	NEW Registered Office Address:						
	8378 SW 51ST STREET			To the			
	COOPER CITY	33328	ļ	•			
the cha agent v was/we the arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cless of organization of the operating agreement of the	ws of the the regi ability c	e State of Flo istered office ompany, it is nited liability liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany. NIFER M HARTMAN			
Signature of a member or authorized representative of a member Printed or typed name of signee							
	by accept the appointment as registered agent and agr one of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I s in writing of this change	ree to ac perforn d for in hereby c	et in this cape nance of my e Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been			
Signatu	re of Agent						
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314							

FILING FEE: \$25.00