

L15000205554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

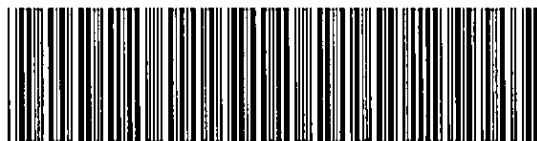
(Business Entity Name)

(Document Number)

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2020 MAY 12 PM 2:40

CLERK'S OFFICE

MAY 12 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 FEB 12 AM 10:27

April 28, 2020

MUJTABHA SYED
4315 DEERMONT CIR
TAMPA, FL 33624

SUBJECT: YHYDER, LLC
Ref. Number: L15000205554

We have received your document for YHYDER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 420A00008753

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YHYDER.LLC
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:

MUJTABA H SYED

Name of Person

YHYDER

Firm/Company

4315 DEERMONT CIRCLE

Address

TAMPA, FL 33624

City/State and Zip Code

Y.HYDER.LLC@GMAIL.COM

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

For further information concerning this matter, please call:

MUJTABA H SYED

Name of Person

at (813) 816-5537

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: YHYDER, LLC

2. (a) 4315 DEERMONT CIRCLE (b) 4315 DEERMONT CIRCLE

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

TAMPA, FL 33624

TAMPA, FL 33624

12-09-2015

L15000205554

3. Date of filing/registration in Florida

4. Document number

5. (a) SYED HUSSAIN

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4315 DEERMONT CIRCLE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33624

(b) MUJTABA H SYED

Enter name of NEW Registered Agent and/or NEW Registered Office address:

4315 DEERMONT CIRCLE

NEW Registered Office Address:

TAMPA, FL 33624

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

MUJTABA H SYED
Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

MUJTABA H SYED
Signature of Registered Agent

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