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TO: Registration Section Division of Corporations

YMTH HOLDINGS LLC

SUBJECT: \_\_\_\_\_

Name of Limited Liability Company

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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:

WILLIAM HSU WU

Name of Person

YMTH HOLDINGS LLC

Firm/Company

9482 MADEWOOD CT

Address

ROYAL PALM BEACH, FL 33411

City/State and Zip Code

wwu0430@gmail.com

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

For further information concerning this matter, please call:

WILLIAM HSU WU	305 6065855 at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

**☑** \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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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.

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	me of the limited liability company:	9482	MADEWOOD CT	
2. (a)	Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> ) ROYAL PALM BEACH	(b) ROYA	Mailing address of limited (Note: MAY BE POST L PALM BEACH	
	FL 33411	FL 334	411	
	12/12/2014	L15000	212351	
3. 5. (a)	Date of filing/registration in Florida STANFORD PROPERTY MANAGEMENT LL	4. .C	Document number	
J. (4)	Registered Agent and Registered Office shown on the records of th 9482 MADEWOOD CT	e Florida Dept, of S	late:	
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)		
	ROYAL PALM BEACH	33411	. <u> </u>	
(b)			LOR AND	
	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:		
	3030 N. ROCKY POINT DR., STE 150A			
	NEW Registered Office Address:		F STATE	$^{\circ}$ O
	TAMPA	33607		3 9 -
the cha agent v was/we the arti Signa I heren provisi the obl to mere notified	imited liability company is not organized under the law, inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization of the operating agreement of the l unre 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 ligations of my position as registered agent as provided by reflect a change in the registered office address, I he d in writing of this change.	he registered off bility company, i the limited liabi imited liability c 	fice and the business off it is hereby confirmed the lity company or as other company. Printed or typed name of analytic L for ther agree	fice of the registered hat the change(s) erwise provided in of signee
	Division of Corporations• P.O. B FILING FE		hassee, FL 32314	

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