

L16 000011340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

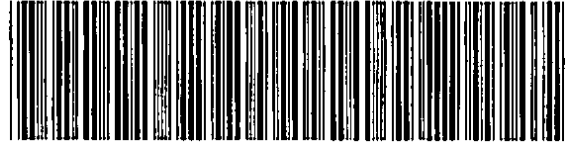
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SECRETARY OF STATE  
TALLAHASSEE, FL

2021 DEC 27 AM 9:56

FILED

JAN 11 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Yunyu Homes, 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:

Fawn Chang

\_\_\_\_\_  
Name of Person

Yunyu Homes, LLC

\_\_\_\_\_  
Firm/Company

99 King Street

\_\_\_\_\_  
Address

St Augustine, FL 32084

\_\_\_\_\_  
City/State and Zip Code

prllc44043@gmail.com

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

For further information concerning this matter, please call:

Fawn Chang

904

344-3766

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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: Yunyu Homes, LLC

2. (a) 99 King Street  
Principal office address of limited liability company:  
**(Note: MUST BE STREET ADDRESS)**

(b) 99 King Street  
Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**

St Augustine, FL 32084

St Augustine, FL 32084

01/15/2016

L16000011340

3. Date of filing/registration in Florida 4. Document number

5. (a) Northwest Registered Agent, LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

3030 N Rocky Point D STE 150 A

Tampa, FL 33607

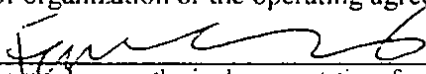
(b) Fawn Chang  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Office Address:**

99 King Street

St Augustine, FL 32084


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.

  
Signature of a member or authorized representative of a member

Fawn Chang

Printed or typed name of signee

*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.*

  
Signature of Registered Agent

**FILED**  
**2021 DEC 27 AM 9:56**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**