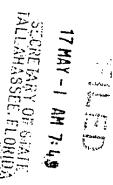
## 1160000 83635

(Requestor's Name)				
. (Address)				
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(Address)				
, ,				
(City/State/Zip/Phone #)				
(3.3, 2.3.3.2.4, 7.3.3.3.4)				
<u> </u>				
PICK-UP WAIT	MAIL.			
(Business Entity Name)				
(Dusiless Endly Name)				
(D				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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MAY 0 , 2025 J SHIVERS

## COVER LETTER .

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Your 1 Stop Vacation LLC	
Nan	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Jenifer Gebara	
Name of Person	
Your 1 Stop Vacation LLC	
Firm/Company	<del></del>
PO Box 101632	
Address	
Fort Lauderdale/ FL/ 33310	
City/State and Zip Code	
Your1stopvacation@gmail.com	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter	, please call:
Jenifer Gebara	at ()
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	g amount:
<b>2</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (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. <b>N</b> a	me of the limited liability company: Your 1 Stop V	acation	LLC	
2. (a)	3681 NW 27th Ct Lauderdale Lakes Fl, 3331	1 (b	РО Вох	101632 Ft. Lauderdale FL, 33310
	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)
3.	4/28/2016  Date of filing/registration in Florida		_1600051	
	Jenifer Mercado	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of t	ha Flanida	Dant of State	
(b)	Registered Office Address  3681 NW 27th Ct  Lauderdale Lakes  Jenifer Gebara  Enter name of NEW Registered Agent and/or NEW Registered	33311		17 HAY - I AM SECRETARY OF TALLAHASSEE FL
	NEW Registered Office Address:			ORID
	3681 NW 27th Ct			22m.
		33311		
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the organization or the operating agreement of the	the regis bility co f the limi limited li	tered office mpany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signat	ure of amember or authorized representative of a member		ici werce	Printed or typed name of signee
herel provision he obli to mere motifica	by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have my of this change.  The or Registered Agent	ee to act performa I for in C ereby co	in this capa nce of my a hapter 605, nfirm that i	acity. I further garee to comply with the