

L17000067710

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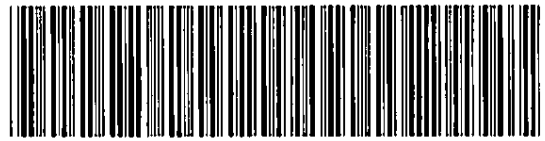
(Business Entity Name)

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**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: October 11, 2017

Account#: 120000000088

Name: Marisa Kugelmann

Reference #: T012509

Entity Name: YALBARAN LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

*Please retain  
original filing date*

Authorized Amount: \$25.00

Signature: *M. Kugelmann*

• CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40<sup>TH</sup> ST., 10<sup>TH</sup> FL  
NY, NY 10016  
800.221.0102  
+1.212.947.7200

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REG. OFFICE: 11 FENLAND ROAD, 11  
FENLAND ROAD, 11  
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• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2017

COGENCY GLOBAL  
MARISA KUGELMANN

SUBJECT: YALBARAN LLC  
Ref. Number: L17000067710

We have received your document for YALBARAN LLC and your check(s) totaling \$. 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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 217A00020463

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: YALBARAN LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1200 Brickell Bay Drive, #2323

Miami, Florida 33131

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1200 Brickell Bay Drive, #2323

Miami, Florida 33131

03/24/2017

L17000067710

3. Date of filing/registration in Florida

4. Document number

5. (a) BARAN, OZAN

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4312 Alton Road

Miami Beach, FL 33140

(b) \_\_\_\_\_

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

NEW Registered Office Address:

1200 Brickell Bay Drive, #2323

Miami, FL 33131

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.

Debra Palmisano

Signature of a member or authorized representative of a member

Debra Palmisano, Authorized Representative

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.

[Signature]  
Signature of Registered Agent

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

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