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| (Requestor's Name) | | | | | | |
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| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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| TO: | Registration Section Division of Corporations | | | | | | | |
|--|--|-----------------------------------|---|--|--|--|--|--|
| SUBJI | | | | | | | | |
| | Nan | Name of Limited Liability Company | | | | | | |
| Dear S | ir or Madam: | | | | | | | |
| The en | closed Registered Agent/Registered Off | ice Change and | d fee(s) are submitted for filing. | | | | | |
| Please | return all correspondence concerning th | is matter to the | e following: | | | | | |
| Tiffan | y L. Young | | | | | | | |
| | Name of Person | | | | | | | |
| Young | g Real Estate Group LLC | | | | | | | |
| | Firm/Company | | | | | | | |
| 170 N | NE 2nd St, #1830 | | | | | | | |
| | Address | <u> </u> | | | | | | |
| Boca | Raton, FL 33432 | | | | | | | |
| - | City/State and Zip Code | | | | | | | |
| tiffany | y@tiffanylyoung.com | | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | | |
| For fur | ther information concerning this matter. | please call: | | | | | | |
| Tiffan | y L. Young | 954 at (| 257-5030 | | | | | |
| | 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 | R D P. | egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314 | | | | | |
| | Enclosed is a check for the following amount: | | | | | | | |
| | ■ \$25 Filing Fee | | 355 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. N | Name of the limited liability company: Young Real | Estate G | roup LLC | | | |
|--|--|---|--|---|--|--|
| 2. (a | 2645 Executive Park Drive, Suite 358 | (b) | (b) 170 NE 2nd St, #1830 | | | |
| (4 | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | Weston, FL 33331 | | Boca Ra | ton, FL 33432 | | |
| | 04/12/17 | | 1700008 | 32081 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a | Tiffany L. Young | | | | | |
| (- | Registered Agent and Registered Office shown on the records o | f the Florida | Dept. of State | :: | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | |
| | Sunrise F | 33351 | | | | |
| (b | Tiffany L. Young | | | | | |
| () | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | | | 음 길품. | | |
| | 2645 Executive Park Drive | | | | | |
| | NEW Registered Office Address: | | | # (m) m | | |
| | Suite 358 | | · — · · · | で、 で 一切で で 一切で | | |
| | Weston , F | լ <mark>33331</mark> | | ත ලැ ැදි | | |
| the cl agent was/v | limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liwers authorized by an affirmative vote of the members rticles of organization or the operating agreement of the | of the regis liability co of the limi e limited li | tered office mpany, it is ited liability iability com | e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany. | | |
| | 1-75 | Titta | iny L. You | | | |
| I her provi the o to me notifi | nature of a member or authorized representative of a member reby accept the appointment as registered agent and accept the appointment as registered agent and accept statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a charge in the registered office address, led in writing of this charge. | gree to act e performa ed for in C l hereby ca | in this capa ince of my c hapter 605 infirm that i | Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been | | |

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