

L17000106435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

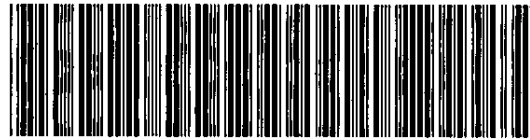
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500300711255

06/26/17--01026--008 \*\*55.00

FILED

17 JUN 26 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

JUN 29 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** YST BEVERAGES 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:

TAL SHEINMAN

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

YST BEVERAGES LLC

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

7 WEST 45TH STREET, SUITE 802

\_\_\_\_\_  
Address

NEW YORK, NY 10036

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

TAL@RESETTE.COM

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

For further information concerning this matter, please call:

TAL SHEINMAN

at ( 917 ) 586-8215

\_\_\_\_\_  
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 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: YST BEVERAGES LLC

2. (a) _____ Principal office address of limited liability company: (Note: <b>MUST BE STREET ADDRESS</b> ) <u>7 WEST 45TH STREET, SUITE 802</u> <u>NEW YORK, NY 10036</u>	(b) _____ Mailing address of limited liability company: (Note: <b>MAY BE POST OFFICE BOX</b> ) <u>7 WEST 45TH STREET, SUITE 802</u> <u>NEW YORK, NY 10036</u>
---	---

MAY 12, 2017

L17000106435

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

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

YAGUR SHEINMAN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

14511 STERLING ROAD

SOUTHWEST RANCHES, FL 33330

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

TAL SHEINMAN

NEW Registered Office Address:

2047 SW 31ST AVENUE

PEMBROKE PARK, FL 33309

FILED  
17 JUN 26 PM 12:36  
TALLAHASSEE, FLORIDA

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.

Tal Sheinman  
Signature of a member or authorized representative of a member

TAL SHEINMAN

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.*

Tal Sheinman  
Signature of Registered Agent