L17000181210

(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:
wrong form
wrong form Signature
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Office Use Only



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2023 HAY -8 PH 1: 22 SECRETARY OF STATE

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MAY 1 7 2023 D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: 7620 LLC Name of Limited Lia	ability Company		-	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the fe	ollowing:			
Jayson 490 Name of Person	_			
Firm/Company				
895 NE 98 ^{S+} Address	_			
Migmi Shores, FL 33/	38	SECRET	2023 HAY	
E-mail address: (to be used for future annual report notific	eation)	ARY OF S	-8 PM	
For further information concerning this matter, please call:		77.	l: 22	-
Tayson 140 at (786)) 413 -70/5 Area Code & Daytime Telephor	ne Numbe	er	
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 Tallahassee, FL 32303	<u>:</u> 810		
Enclosed is a check for the following amount:				

☐ \$55 Filing Fee & Certified Copy

S25 Filing Fee



April 19, 2023

JAYSON YAO 895 NE 98 ST MIAMI SHORES, FL 33138

SUBJECT: Y620, LLC

Ref. Number: L17000181210

We have received your document for Y620, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

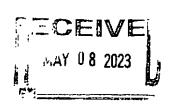
The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 823A00008740



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. Na	me of the limited liability company: Y620 LC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 620 NE U6 ^{S+} Nmigmi, FL 33/L1 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	8/24/20/7 Date of filing/registration in Florida 4. Document number
3. (ii)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Tayson 190 Enter name of NEW Registered Agent and/or NEW Registered Office address: 895 NE 9857
	NEW Registered Office Address:
change agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in class of organization or the operating agreement of the limited liability company.
I herel provisi the obli to mere notified	dre of member or adhorized representative of a member ov accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the fons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ity reflect a change in the registered office address, I hereby confirm that the limited liability company has been timevriting of this change.

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

INHS18 (2/14)