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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE ART OF YACU, LLC

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SEP 2 5 2019

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

	ame of the limited liability company: Art of Yacu, LLC 1107 SWAN STREET (b) 1107 SWAN		SWAN STREET
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MELBOURNE, FL 32935	MELBO	URNE, FL 32935
	10/03/17	L17000	204276
3.	Date of filing/registration in Florida	4.	Document number
5. (a	, UNITED STATES CORPORATION AGE	ENTS, INC.	
(1	Registered Agent and Registered Office shown on the record	ds of the Florida Dept. of Stat	e:
	5575 S. SEMORAN BLVD		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		201
	SUITE 36		2019 SEP
	ORLANDO	FL 32822	- AFT AT
(b)	Registered Agents Inc.		
(17)	Enter name of NEW Registered Agent and/or NEW Registered	tered Office address:	 - ယ္
	7901 4th St N		909
	NEW Registered Office Address:	=	-
	STE 300		_
	St. Petersburg	, _{FL} 33702	_
the chagent was/v	limited liability company is not organized under the tange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitative vote of the membaticles of organization or the operating agreement of	ss of the registered offic ed liability company, it i sers of the limited liabilit f the limited liability cor	e and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in
<u>K</u>	ature of a member or authorized representative of a member	Riley Park	Printed or typed name of signee
-	eby accept the appointment as registered agent and	d name to act in this can	
movi	sions of all statutes relative to the proper and compoligations of my position as registered agent as property reflect a change in the registered office address	oleie verformance of my	duties, and I am familiar with and acc

to merely reflect a change in the registered office address. Thereby confirm that the limited liability connatified in writing of this change.

Bill Havre - Assistant Secretary

Signature of Registered Agent