2/8000/05/44

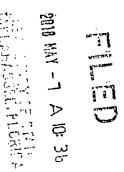
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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5/9/1800

COVER LETTER

Division of Corporations				
SUBJECT: Yoy Auto Sales LL Name of Limit	ited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
·	·			
Vaimara alonso Name of Person				
Name of Person				
VNV Auto Sales LLC				
YNY Auto Sales LLC Firm/Company				
8208 nw 64 st	<u>~</u> ;; ↔			
Address	200 MAY			
Miauri Fl 33166				
City/State and Zip Code				
Ynyauto sales Chormail.com Email address: (to be used for future annual report	I notification)			
For further information concerning this matter, please ca	ill:			
Yaimara alonso at o	154 , 860-5484			
Yaimara Qlonso at (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			
INHS18 (2/14)				

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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	0166 (b) 8209	8 nw 64 ST Llaui Mailing address of limited liabi (Note: MAY BE POST OF)	lity company:
	4/26/18	L	18000105144	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	YAINARA Alonso			
. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	tate:	
	8208 nw 645T			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
	Miani FL			
	Miaui FI.	<u> 33166</u>	<u></u>	
(b)	VAIMARA Alonso		*****,	
(0)	Enfer name of NEW Registered Agent and/or NEW Registered	Office address:		
			35 - 1	1
	8208 nw 645T		(2) · · · · · · · · · · · · · · · · · · ·	AS OF TRANS
	NEW Registered Office Address:		P***	
			A D	1)
	•			
	Miaui FL	33166	EFF W	
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	`the registered off ability company, i of the limited liabi limited liability c	fice and the business office of it is hereby confirmed that the ility company or as otherwise	of the registered he change(s) se provided in
provisi the obi to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	ree to act in this c performance of n d for in Chapter (hereby confirm th	apacity. I further agree to only duties, and I am familiar 505, F.S. Or, if this docume at the limited liability comp	comply with the with and accept nt is being filed any has been