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## **COVER LETTER**

TO: Registration Section Division of Corporations	
·	L 11 0
SUBJECT: YeahBUOY Miami Be	
Nam	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
April Phillips	
Name of Person	
YeahBUOY Miami Beach LLC	
Firm/Company	
1521 Alton Rd #870	
Address	
Miami Beach Fl 33139	
City/State and Zip Code	<del></del>
yeahbuoymiamibeach@gma	ail.com
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter,	please call:
Lauryn Scott	<sub>at (</sub> 216 ) 672-3705
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
<b>△</b> \$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.

l. Na	me of the limited liability company: YeahBUO	Y Mi	iami Be	each LLC	
2. (a)	YeahBUOY Miami Beach LLC	a	(b) YeahBUOY Miami Beach LLC		
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1521 Alton Rd #870		1521 /	Alton Rd #870	
	miami beach fl 33139	_	Miami	Beach fl 33139	
	august 19th 2019		L1900	0211835	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	William Schill Esq				
΄. (ω)	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of Sta	ite:	
	William Schill Esq				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	<u>S)</u>	_	
	1521 Alton Rd			_	
	MIAMI BEACH	3313	9		
(b)	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered G 7901 4th St N	Office ad	idress:	FILED 19 SEP -9 AH 7: 06 7: 3 ALLAMASJEE, FLORIDA	
	NEW Registered Office Address:			7: 06 URIDA	
	STE 300			<i>&gt; 5</i>	
	St. Petersburg .FL	3370	02		
the chargent value was (we he article Signar I heres or ovisithe obtion mercial)	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of dles of organization or the operating agreement of the law interest of a member of a member of a member of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. I have pritting of this change.	the reg bility c f the lir limited  AF  ee to ac nerforn	istered officompany, it nited liability co PRIL PHIL et in this capance of my	ce and the business office of the registere is hereby confirmed that the change(s) ity company or as otherwise provided in impany.  LIPS  Printed or typed name of signee pacity. I further agree to comply with the studies, and I am familiar with and access.	

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

Assistant Secretary

Bill Havre

Il Name

Signature of Registered Agent