Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000381342 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

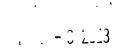
## LLC REGISTERED AGENT CHANGE YZS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00



Electronic Filing Menu — Corporate Filing Menu

Help



 $\sim$ 

.2

## 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.

. Na	une of the limited liability company: YZS LLC	<del></del>	
(a)		(b)	
,	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)	npany:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		L2004	00031269
	Date of filing/registration in Florida	4.	Document number
(a)	SHILANSKY, YOSEF ZEEV		
(41)	Registered Agent and Registered Office shown on the	records of the Florida Dept.	
	1743 NE 142 St		
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)	<del></del>
		-	
	North Miami	. FL 33181	P-1
	Registered Agents Inc		
(b)	Enter name of NEW Registered Agent and/or NEW I	Registered Office address:	<del></del>
	7901 4th St N		•
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	FL	
e chai ent w is/we e artic	rill be identical. Or, in the case of a Florida larc authorized by an affirmative vote of the males of organization or the operating agreeme	ddress of the registered imited liability compar embers of the limited lint of the limited lint.	I office and the business office of the registere ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	ure of a member or authorized representative of a mem	Robin Jon	es
Signati	ure of a member or authorized representative of a member	hei	Printed or typed name of signee
ovisio e obli mere	ons of all statutes relative to the proper and a	'omplete performance'	is capacity. I further agree to comply with the of my duties, and I am familiar with and accep or 605, F.S. Or, if this document is being filed in that the limited liability company has been