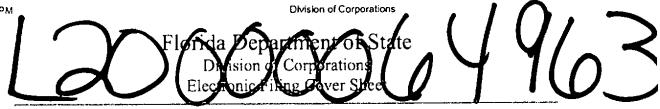
3/22/22, 3:56 PM



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.

(((H22000106646 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 : (323)962-8600 Phone : (323)962-3889 Fax Number

\*\*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 THE YACHT AGENCY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

HelpT. LEMIEUX MAR 23 2022

LegalZoom.com, Inc.

## **COVER LETTER**

	vision of Corporations		
SUBJECT	THE YACHT AGENCY, LLC		
SUBJECT		ne of Limited Liab	ility Company
Dear Sir or	Madam:		
The enclos	ed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.
Please retu	m all correspondence concerning th	is matter to the fol	llowing:
Cheyenn	ne Moseley		
	Name of Person		•
Legalzoo	om.com, Inc.		
	Firm/Company	-	•
101 N. B	rand Blvd., 10th Floor		
	Address	y de se dia fet	•
Glendale	e, CA 91203		
	City/State and Zip Code		•
	egg@gmail.com		
E-ma	il address: (to be used for future and	nual report notifica	ntion)
For further	information concerning this matter	, please call:	
Cheyenn	ne Moseley	800 at (	773-0888 ext 9724
	Name of Person		Area Code & Daytime Telephone Number
Re Di Cli 26	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		stration Section ion of Corporations Box 6327
En	closed is a check for the following	g amount:	
۵	\$25 Filing Fee	<b>≥</b> \$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.

1. N	Name of the limited liability company:	AGEN	CY, LLC			
2. (a)		()	b)			
(	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	:	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	1415 Miami Rd apt a		1126 S	FEDERAL HWY # 521		
	FORT LAUDERDALE, FL 33316	<del></del>	FORT L	AUDERDALE, FL 33316		
	02/27/2020		L200000	64963		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a						
J. (6	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	= ee:		
	UNITED STATES CORPORATION AGENT	S, INC	·-			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	5575 S. SEMORAN BLVD. SUITE 36			2022 SETALL		
	ORLANDO	32822	)	2022 HAR:		
	, FC	,		FILED MAR 23 PM AIR SSEELF		
(b	)			SEE SEE		
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office at	tdress:	<i>c</i>		
	Dolores L Pegg			3: 53 NAIE LORID		
	NEW Registered Office Address:			υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ		
	1415 Miami Road Apt. A			<del></del>		
	Fort Lauderdale , FL	33316	5	-		
the clagent was/s	limited liability company is not organized under the law hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the reg ability c of the lir	istered offic company, it i nited liabilit	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
		Do	lores L Pe			
	sature of a member or authorized representative of a member			Printed or typed name of signee		
provi the or to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing offthis change.	nerforn	nance of mv	duties, and I am familiar with and accept		
		Do	lores L Pe	<b>9</b> 99		
Signa	ture of Registered Agent					