120000397046

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· —
Special Instructions to Filing Officer:

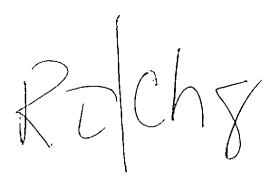
Office Use Only



500373377765

09/20/21--01010--003 **25.00

2021 SEP 20 AH 8: 03





COVER LETTER

TO: Registration So Division of Co			
SUBJECT: YORNEK	INTL, LLC		
	N	ame of Limited	Liability Company
Dear Sir or Madam:			
The enclosed Registere	d Agent/Registered O	ffice Change a	nd fee(s) are submitted for filing.
Please return all corres	ondence concerning	this matter to th	ne following:
Kenroy E Campbell			
	Name of Person	-	
YORNEKINTL, LLC			
	Firm/Company		
690 Loxley Court			
	Address		
Titusville, FL 32780			
Cit	y/State and Zip Code		
contact@yomekintl.com			
E-mail address: (t	o be used for future ar	nnual report not	tification)
For further information	concerning this matte	r, please call:	
Кепгоу E Campbell		407 at (9130291
Name o	f Person	at (Area Code & Daytime Telephone Number
Mailing Addr Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection prporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a c	neck for the following	g amount:	
\$25 Filing Fo	e		\$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)		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	690 Loxley Court		2503 S Washington Ave. #834			
	Titusville FL 32780		Titusville FL 32780			
	12/21/2020	L	20000397046			
3.	Date of filing/registration in Florida	4.	Document number	·		
5. (a)	Kenroy E Campbell					
3. (<u>a</u>)	Registered Agent and Registered Office shown on the records of	of the Florida l	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET) 690 Loxlev Court	T ADDRESS)		2021		
	Titusville, F	L_32780		2021 SET 20		
(b)	Kenroy E Campbell					
(*)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office add	ess:	Aii 8: 03		
	NEW Registered Office Address:					
	1317 Edgewater Dr #4605					
	Orlando , F	L_32804				
change igent w was/we	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited la tre authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the S e registered iability con of the limit	office and the business office of pany, it is hereby confirmed that a liability company or as other	of the registered at the change(s)		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent