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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

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. Na	nme of the limited liability company: YOZHIG	LLC		
	970 85TH AVE N APT 209	(1-	. 970 85	TH AVE N APT 209
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (u	/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SAINT PETERSBURG, FL 33702	<u>-</u>	SAINT P	PETERSBURG, FL 33702
	03/11/21		L210001	116725
3.	Date of filing/registration in Florida	4,		Document number
5. (a)	IRINA POZDNYAKOVA			
J. (a)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	- D:
	970 85TH AVE N APT 209	<u> </u>		-
	Registered Office Address (MUST BE FLORIDA STREET A.	<u>DDRESS</u>	<u>0</u>	
	SAINT PETERSBURG . FL	33702	2	AP 2021 DEC SECRETA FALLAHA
(b)	Registered Agents Inc.			FILL FILL FILL FILL FILL FILL FILL FILL
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	dress:	一 一 一 一 一 一 一 二 一 二 二 二 二 二 二 二 二 二 二 二
	7901 4th St N			AM 7:1
	NEW Registered Office Address:			0 3 €
	STE 300			
	St. PetersburgFL	33702	2	_
the cha agent was/wa	imited liability company is not organized under the law inge or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the I	the regi bility co f the lin	stered office ompany, it is nited liabilit	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in
K_	iley tark	Rile	ey Park	
·	ture of a member or authorized representative of a member			Printed or typed name of signee
provis the obt to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d'in writing of this change.	ee to ac perform I for in v ereby c	t in this cap ance of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent