121000282936

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Eiling Officer			
Operat matractions to	Timing Gimeen.			
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COVER LETTER

	Registration Section Division of Corporations		
SHRIF	Y & LUNION LLC (EIN 87-1.	372357)	
50000	CT:	Same of Limited L	iability Company
	or Madam:		
The enc	losed Registered Agent/Registered (Office Change and	tee(s) are submitted for filing.
Please re	eturn all correspondence concerning	this matter to the	following:
IAN ED	WARDS (former IVAN POPOV)		
	Name of Person		*****
Y & LUN	RION LLC		
	Firm/Company		
290 1741	H STREET, APT 518		
	Address		
SUNNY	ISLES BEACH, FLORIDA 33160		
	City/State and Zip Code	2	
DOCGY	N777@GMAIL.COM		
E-1	nail address: (to be used for future a	innual report notifi	cation)
For furth	ner information concerning this matt	er, please call:	
IAN EDV	VARDS	305 at (781 8 993
	Name of Person		781 8993 Area Code & Daytime Telephone Number
1	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
ı	Enclosed is a check for the following	ag amount:	
Ç	1 \$25 Filing Fee	2 \$5	5 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.

1. Na	ame of the limited liability company: Y & 1 UNION LI.	.C			
2. (a)	290 174TH STREET	(b) 290 174TH STREET			
<u>.</u> . (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			f limited liability con E POST OFFICE B	
	APT 518		PT 518		
	SUNNY ISLES BEACH, FL 33160	SU	JNNY ISLES BEACH, F		
	June 15, 2021	1.21	000282936		
3. 5. (a)	Date of filing/registration in Florida IVAN POPOV	4.	Document nun	nber	
J. (a)	Registered Agent and Registered Office shown on the records of 290 174TH STREET	Tthe Florida Dej	nt. of State:		
	Registered Office Address	ADDRESS)		SECOLUMN TALLY	
	SUNNY ISLES BEACH , FI	L			
(b)	IAN EDWARDS Enter name of NEW Registered Agent and/or NEW Registered		9 AH 8: 15		
	NEW Registered Office Address:				
	F	l,			
chang agent	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	tws of the State registered of the limite	ate of Florida, it is here office and the business pany, it is hereby confir d liability company or	rmed that the cha	istereu inge(s)
		IVAN I		d name of signee	
I here provis the ob to me notifie	ature of a member or authorized representative of a member eby accept the appointment as registered agent and actions of all statutes relative to the proper and completed ligations of my position as registered agent as providerely reflect a change in the registered office address. I led in writing of this change	gree to act in e performanc ed for in Cha I hereby conf.	Altonomical Landon		v with the ind accept being filed as been
Signal	ture of Registered Agent				