

# L21000362049

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6363

From:

Account Name : SPI AGENT SOLUTIONS, INC.  
Account Number : 120230000143  
Phone : (888)314-3998  
Fax Number : (518)514-1288

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

Email Address: \_\_\_\_\_

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2024 MAR -6 PM 4:01  
TALLAHASSEE, FLORIDA  
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2024 MAR -6 AM 10:45  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE  
YEG US, LLC

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

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: YEG US, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joe DiGaetano  
Name of Person  
SPI Agent Solutions, Inc  
Firm/Company  
524 S 2nd St Ste 505  
Address  
Springfield IL 62201  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe DiGaetano at (512) 509-1153  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$55 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. Name of the limited liability company: YEG US, LLC

2. (a) 50 N LAURA ST STE 3000 (b) 50 N LAURA ST STE 3000

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

JACKSONVILLE, FL 32202

JACKSONVILLE, FL 32202

08/11/2021

L21000362049

3. Date of filing/registration in Florida

4. Document number

5. (a) UNIVERSAL REGISTERED AGENTS, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1317 CALIFORNIA ST.

TALLAHASSEE, FL 32304

(b) SPI AGENT SOLUTIONS, INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1540 GLENWAY DR

TALLAHASSEE, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Joshua A. Ehrenfeld

Printed or typed name of signer

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

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

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TALLAHASSEE, FLORIDA