

L21 000 H00 2H2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

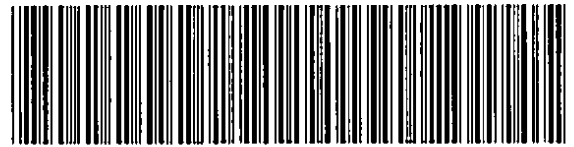
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/01/23--01028--007 **35.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YELLOW CROWN, 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:

ALEJANDRO GALGUERA, CPA

Name of Person

ALEJANDRO GALGUERA, CPA, PA

Firm/Company

2828 CORAL WAY, SUITE 201

Address

MIAMI, FL 33145

City/State and Zip Code

alex@galgueracpa.com

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

For further information concerning this matter, please call:

ALEJANDRO GALGUERA, CPA

at (786) 443-9417

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

INHS18 (2/14)

NOTE: A CHECK FOR THE AMOUNT OF \$35.00 WAS ALREADY SUBMITTED

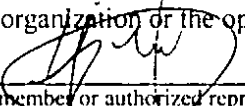
2022 JUN 21 PM 1:46

**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: YELLOW CROWN, LLC
2. (a) 2828 CORAL WAY
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
SUITE 201
MIAMI, FL 33145
- (b) 2828 CORAL WAY
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
SUITE 201
MIAMI, FL 33145
3. 09/06/2021 Date of filing/registration in Florida
4. L21000400242 Document number
5. (a) TOP PRO ACCOUNTING, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13537 SW 118TH PATH
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
MIAMI, FL 33186
- (b) ALEJANDRO GALGUERA, CPA
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2828 CORAL WAY
NEW Registered Office Address:
SUITE 201
MIAMI, FL 33145

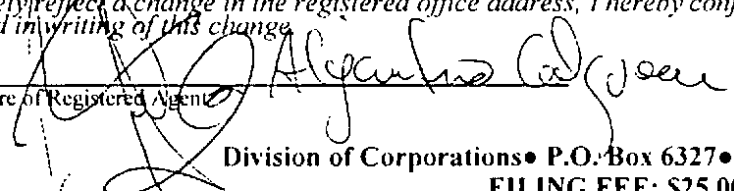
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

KAREN CARRANZA

Printed or typed name of signee

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: YELLOW CROWN, LLC
2. The principal office address: 2828 Coral Way Suite 201
Miami, FL 33145
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/06/2021 Document number: 1.21000400242
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (if resigned, enter resigned)

TOP PRO ACCOUNTING, INC.

13537 SW 118TH PATH

MIAMI, FL 33186

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Alejandro Galguera CPA

2828 Coral Way Suite 201

P.O. Box NOT acceptable

Miami, FL 33145

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Karen Carranza

Signature of an officer or director

Karen Carranza Tellez, MGR

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

Alejandro Galguera

Signature of Registered Agent

04/27/2023

Date

If signing on behalf of an entity:

YELLOW CROWN, LLC

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR215045 (04/13)