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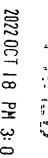
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MALLAHASSEE !



TO:

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings R.O. Box 6327

Tallahassee, FL 32314

FROM:

National Corporate Headquarters, Inc.

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Monday, October 10, 2022

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Statement of Change of Registered Agent for Limited Liability Company For YODER FLOORING AND SERVICES, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

## Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

## **COVER LETTER**

Division o	f Corporations		
SUBJECT: YOU	DER FLOORING AND	SERVICES.	LLC
	Na	me of Limited Li	ability Company
Dear Sir or Madan	1:		
The enclosed Regi	stered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.
Please return all co	orrespondence concerning th	nis matter to the f	ollowing
Cor	porate Maintenance L	_ead	
	Name of Person		<del></del>
1	Processing Departmen	ոt	
	Fim/Company		
	1450 Vassar St		
	Address		
	Reno, NV 89502		<u> </u>
	City/State and Zip Code		
F-mail addre	ess: (to be used for future an	mual report notifi	ication)
	ation concerning this matte		
	intenance Lead	at ( <u>800</u>	) 638-2320 Area Code & Daytime Telephone Number
	ame of Ferson		Area Code & Daytime Telephone . Same
Mailing.	Address:		Street Address:
	ion Section		Registration Section
Division	of Corporations		Division of Corporations
P.O. Box	6327		The Centre of Tallahassee
Tallahas	see, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed	is a check for the followin	ig amount:	
<b>≇</b> \$25 Fil	ing Fee	<u> </u>	55 Filing Fee & Certified Copy
INHS 18 ( 2/14)			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Purvuant 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

I Va	me of the limited by	bility company: YODER F	FLOOR	ING AN	D SERVICES	LLC	<u> </u>	
2. (a)	·	address of limited liability company UST BE STREET ADDRESS)		'.' — <del>—</del>	Mailing address of limite	d lubility TOFFIC	company EBOXO	.—
	18163 Winding	Oaks Blvd		18163 Winding Oaks Blvd				
	Hudson, FL 34	667		Hudsor	n, FL 34667			
	10/01/21			L210004	<del>_</del>		· <u> </u>	
3.	Date of fil	ng/registration in Florida	4.		Document number			
5. (a)		egistered Office shown on the records			_			
			of the Florid	L Dept. of Sta	ic.			
	Yoder Travis  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_	_ ; 5 ′	202	
	-		, , , , , , , , , , , , , , , , , , ,	22		MIT SHA	2022 OCT 18	":::" H
	18163 Winding				_	7.5	<u> </u>	, <u></u> , <u></u> , <u></u> , <u></u>
	Hudson		FL 34667	<del>'</del>	_		8	4 ÇE
<b>a</b> .						(A)		, ,
(b)	Enter name of NEW R	mistered Agent and/or NEW Register	red Office ac	ldress'	<del></del>	;;;; ; <u></u>	<u>ယ</u> 0	2
							_	
	Inc Authority F	·						
	NEW Registered Office							
	390 North Ora	nge Ave., Ste 2300-N			~			
	Orlando		FL 3280	<u> </u>	<del></del>			
change agent v	e or changes are mad will be identical. Or ere authorized by an	nany is not organized under the le, the Florida street address of in the case of a Florida limited affirmative vote of the member or the operating agreement of t	the register Hiability or rs of the lir	ed office a ompany, it nited habil	nd the business offici is hereby confirmed ity company or as oth	e of the	change (:	rd s)
1	Day If		Tr	avis Yod	er, Manager			
•	1	idenzed representative of a member			Printed or typed name	~		L.L.
provisi the obt to mer	by accept the apportions of all statutes re ligations of my postled reflect a change of in writing of this c	niment as registered agent and delative to the proper and completion as registered agent as proving the registered office address, hange.	agree to ac ele perforn ided for in . I hereby c	t in this cap lance of my Chapter 60, onfirm tha	pacity. I further agree duties and I am fan 15, F.S. Or, if this do t the limited liability	ee to coi niliar wi ocument compar	nply will in and a is being iy has be	h the Iccept Jiled Ien
Signatu	re of Registered Agent							
		Division of Corner stienss P.	D Rot 632	7e Tallah	nssee Fl 32314			

FILING FEE: \$25.00