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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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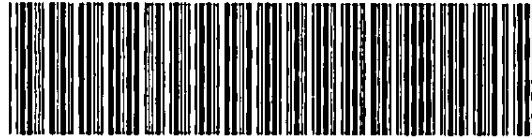
(Business Entity Name)

(Document Number)

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M. SOLOMON

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SY AY SAILING TEI A RU, LLC

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Madam:

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

all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Avenue #430

Address

ec, FL 33133-5103

City/State and Zip Code

younglawoffice.com

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

Information concerning this matter, please call:

786 6373232

_____ at (_____)

Name of Person

[illegible]**Mailing Address:**

Administration Section
Division of Corporations
Box 6327
Tallahassee, FL 32314

ling Address: **Street Address:**

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|---|---|
| Administration Section
Division of Corporations
Box 6327
Tallahassee, FL 32314 | <u>Registration Section</u>
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303 |
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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.

SY AY SAILING TEI A RU, LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

64 East State Highway 162

Portageville, MO 63873

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3109 Grand Avenue #430

Coconut Grove, FL 33133-5103

March 01, 2022

122000106918

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Shawn D Young

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

951 Brickell Ave 3010

Miami 33131
_____, FL _____

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

3109 Grand Avenue #430

Coconut Grove 33133-5103
_____, FL _____

2022 MAY 10 PM 3:32
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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

SHAWN YOUNG
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