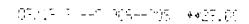
## 177 800464730

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

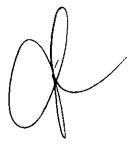
Office Use Only



100408460491







## COVER LETTER

TO: Registration Section Division of Corporations	
Yachtmaster App LLC SUBJECT:	
	inc of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Danielle Willis Name of Person	20571
Yachtmaster App LLC Firm/Company	
1317 Edgewater Dr	# 3710
Orlando, FL 3280 City/State and Zip Code	) <del>4</del>
E-mail address: (to be used for future ar	nual report notification)
For further information concerning this matte	r, please call:
Danielle Willis Name of Person	at ( 305 ) S19 - 1282  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 followin	g amount:
S25 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. Na	nme of the limited liability company: Yachtmaster	App LLC			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b) 4061 Reinfield De Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Orlando, FL, 32804		Inma	n,5C	, 29349
	October 28, 3022	<u>L</u>	_2200	04642	30
3.	Date of filing/registration in Florida	4.	Do	ocument nun	nber
5. (a)	Registered Agent and Registered Office shown on the record  (10 w LAS OLAS BLUD  Registered Office Address (MUST BE FLORIDA STRE	>	pept, of State:		
					261.
	E	222			-:
	Fort Lauderdale	, FL <u>333</u>	17		
41.5	Shannon Scurry				$\overline{\sigma}$
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				:
	1317 Edgewater Rd				: იგ
	NEW Registered Office Address:				<u>_</u>
		-			
	Orlando	, FL_32804			
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members of organization or the operating agreement of	the registered d liability com rs of the limite	office and the pany, it is he call in the	ie business o creby confirm ompany or a	ffice of the registered ned that the change(s)
/	Want in	Daniel	le Willis		
Signa	Manual the fure of a member or authorized representative of a member		Pr	inted or typed (	name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	agree to act in lete performan ided for in Ch i, I hereby con	this capacia ce of my dut apter 605, F firm that the	tv. 1 further ies, and 1 am .S. Or, if thi limited liabi	agree to comply with the Jamiliar with and accept s document is being filed lity company has been

S. Scurry
Signature of Registered Agent