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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ö

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:	

LLC REGISTERED AGENT CHANGE YODIBRODI LLC

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COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	YODIBRODI LLC					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company					
Dear Sir	or Madam:					
The encl	osed Registered Agent/Registered Off	fice Change and f	ee(s) are submitted for filing.			
Please re	turn all correspondence concerning th	nis matter to the fo	ollowing:			
JERO	ME SULLIVAN					
	Name of Person	11 111				
	Firm/Company					
784 S (CLEARWATER LOOP					
	Address					
POST	FALLS, ID 83854					
	City/State and Zip Code		aa-			
filings	@northwestregisteredagent.com					
E-r	nail address: (to be used for future and	nual report notific	ation)			
For furth	er information concerning this matter	, please call:				
Jerome	Sullivan	509 at (768-2249)			
	Name of Person	\ <u></u>	Area Code & Daytime Telephone Number			
]]]	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

 \square \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

□ \$25 Filing Fee

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.

	ame of the limited liability company: YODIBRO		1106 Chateau Circle
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Minneola, FL 34715		Minneola, FL 34715
	02/07/2023	 -	L22000069826
	Date of filing/registration in Florida	4.	Document number
(a)	UNITED STATES CORPORATION AGENTS, INC.		
(4)	Registered Agent and Registered Office shown on the records of	the Florida D	Dept. of State:
	476 RIVERSIDE AVE		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	2020
	JACKSONVILLE , FL	32202	2023 Fr3 2
(b)	NORTHWEST REGISTERED AGENT LLC		27 A
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	ress:
	7901 4TH ST N		60
	NEW Registered Office Address:		
	STE 300		
	ST. PETERSBURG , FL	33702	
ange ent v is/wo	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the St registered bility com f the limite	l office and the business office of the registered apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	Transfer O Finder three of a member of authorized representative of a member		onathan D Linder / AMBR
•	·		Printed or typed name of signee
ovisi e obl mere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete j igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act in performand I for in Cha wereby conf	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and acce apter 605, F.S. Or, if this document is being file aftern that the limited liability company has been
٠	Taylor Newman /	Assistan	nt Manager