L23000208323

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





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07/17/23--01027--018 **25.00

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COVER LETTER

TO:	Registration Section Division of Corporations	<i>.</i>		
SUBJ	ect.	YDAMAS I	LLC	
SUBJ	Name of Limited Liability Company			
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/Registered	d Office Change and	d fee(s) are submitted for filing.	
Please	return all correspondence concerning	ng this matter to the	following:	
	YASMANY DAMAS	S		
	Name of Person			
	YDAMAS LLC			
	Firm/Company			
	5007 E 110TH AVE, TAMPA	FL 33617		
	Address			
	TAMPA, FL 33617			
	City-State and Zip Co	ode		
YASM	IANY.DAMAS@YAHOO.COM			
	E-mail address: (to be used for futur	e annual report noti	fication)	
For fu	rther information concerning this m	atter, please call:		
Yasma	nny Damas	813 at (455 - 7111	
	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 follo	wing amount:		
■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy		

TO:

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	ame of the limited liability company: YDAMAS LLC		
2. (a)	5007 E 110TH AVE. TAMPA FL 33617	(b) 500	7 E 110TH AVE, TAMPA FL 33617
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4-27-2023		L23000208323
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Nyris Perez Registered Agent and Registered Office shown on the records of the		
	Registered Agent and Registered Office shown on the records of the	ie Florida Dept.	of State:
	Registered Office Address	DDRESS)	
	5007 E 110th Ave	<u></u>	
		2761	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		<u>. 301</u>	TALLAHI
(b)	Yasmany Damas		HASSS
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:	
	SOUTE MOTH AR		PH 2: 57 PH 2: 57 EE. FLORID
	NEW Registered Office Address:		PLORIDA
		<u></u>	<u> </u>
	Tampa FL	3361	7
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	registered off pility compan `the limited l	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
Cimm	ure of a member or authorized representative of a member		Frinted or typed name of signee
l herei provisi the obl to mere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he I in writing of this change.	e to act in thi erformance of for in Chapte ereby conftrn	in amounts. I finitely more to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2-14)