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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (813)436-5206

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## LLC REGISTERED AGENT CHANGE YK GLOBAL LLC

Certificate of Status	0
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Page Count	02
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M. SOLOMON FEB 2 0 2024

2/20/2024 05 53:40 PST To. 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company	: YK GLOBAL LLC	;					
2. (a)	Principal office address of limited	liability company:	(b)	Mailing address of limited liability company:				
	( <u>Note: MUST BE STREET</u>	(ADDRESS)		( <u>Note: MAY BE POS</u>	T OFFI	(E BON)	· · · · · · · · · · · · · · · · · · ·	
3.	L24000076022  Date of filing/registration	in Florida		Document number				
	KILIC, YALCIN, P  Registered Agent and Registered Office sh		the Florida Dept. of	State:				
	Registered Office Address (MUST BE	FLORIDA STREET.	(DDRESS)			2024 FE	ïi <u>:</u>	
		FL				.B 20		
(b)	Registered Agents Inc							
	Enter name of <u>NEW Registered Agent</u> an	dør <u>NEW Re<mark>gistere</mark>d</u>	Office address:			2 6		
	7901 4th St N				١,	5		
	NEW Registered Office Address:			···-···				
	S1E 300							
	St. Petersburg	F1.	33702					
the cha agent was/w the art	limited liability company is not orga ange or changes are made, the Floric will be identical. Or, in the case of a ere authorized by an affirmative vot icles of organization or the operating	la street address of a Florida limited lia e of the members o g agreement of the	the registered of ability company, if the limited liab	Tice and the business of it is hereby confirmed to oility company or as other	ffice of that the	the reg change	istored (s)	
	ture of a member or authorized representation	<del></del>	Robin Jones	Printed or typed name (	C			
There provis the ob- to mer notific	by accept the appointment as registions of all statutes relative to the proligations of my position as registered ely reflect a change in the registered in writing of this change.	ered agent and agr oper and complete d agent as provided d office address, 11		• *	-		th the accept g filed een	
<u> )                                   </u>	David Robert	s - Assistant Se	scretal y					