## L24 000 112 638

(Re	equestor's Name)	
(Ac	idress)	
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,	,	
(Ci	ty/State/Zip/Phone #	()
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer.	

Office Use Only



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## COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Yellowfin n	Delray Columnia Lia	C Cubility Company
Dear Sir or Madam:		•	, , ,
The enclosed Registered	d Agent/Registered C	Office Change and f	ec(s) are submitted for filing.
Please return all corresp	oondence concerning	this matter to the fo	ollowing:
Gina	Guosalino		_
12 (lon-	Name of Person  Firm/Company	L(C	
	Firm/Company		_
	NE 31d		
	Address		
Delta Be	arly FL	33444	<u></u>
/ Cit	y/State and Zip Code	,	
E-mail address: (to	o be used for future a	nnual report notific	ation)
For further information	concerning this matte	er, please call:	
VIng G Name o	in ordino of Person	at ( <u>609</u>	7/3 - 0962 Area Code & Daytime Telephone Number
Mailing Addr Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a c	heck for the following		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	ame of the limited liability company: Yellowsia Delrey ac
2. (a)	301 NE 318 Arx (b) / 301 NE 318 Are
(a)	Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	301 NE 318 AVE 301 NE 31/2 AVE
	Deltay Beach, Fl 33444 Pelty Boach, FL 334
	3/5/24 638
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Gina Guardino
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Gin Guardino
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	163 NE drd HV
	Delras Boach FL 33449 3 3
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	A A A
	Ing Gredie
	NEW Registered Office Address:
	351 NE 312 HVR
	Delray Beach Beach Beach
If the 1	imited 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
was/w	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the arti	cles of organization or the operating agreement of the limited liability company.
Signa	ture of a nightly or authorized representative of a megriber  Printed or typed name of signee
I kana	bu and A the service and an annional of the service and in this annion 16 at the service and will at
provisi the obl	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
io mere notified	ry rejiect a crange in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
	re of Registered Agent
oignacu	te of Registered Myerit