Division of Corporations

8/28/24, 3/07 PM

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Division of Corporations

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From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

<b>Email</b>	Address:			

## LLC REGISTERED AGENT CHANGE YOUNKIN ENTERPRISES LLC

Certificate of Status	0
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K. SALY

AUG 2 9 2024

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## 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.

L. Na	nme of the limited liability company: YOU	NKIN EN	TERPRISE:	S LLC
2. (a)		(b)		
	Principal office address of limited liability compar (Nate: MUST BE STREET ADDRESS)	ıy:	Mailing address of lin	nted liability company; OST OFFICE BOX)
	4828 JULINGTON CREEK R	OAD PO	O BOX 340	
	JACKSONVILLE, FL 32	<u> 258                                   </u>	ASHVILLE,	TN 37203
	07/19/2024	L2	400032054	5
3.	Date of filing/registration in Florida	4.	Document number	ΣΓ
5. (a)	Registered Agent and Registered Office shown on the rece			
			of State:	TALLAMASS
	ERESIDENT AGENT,		<del></del>	TALLAMASSECTIONS
	Registered Office Address (MUST BE FLORIDA STI	REET ADDRESS)		LE CANASSI
	801 US HIGHWAY 1			SS: 00 M
	NORTH PALM BEACH	<u>1 <sub>FL</sub>33408</u>		三 三 三
				H 1:56
(h)	Enter name of NEW Registered Agent and/or NEW Registered Agent	istered (Mice address:		<u>6</u> 6
	The first of the section of the sect	<u> </u>		
	NEW Registered Office Address:	- A		
	115 N Calhoun St Suit	<u>e 4</u>		
	Tallahassee	, FL 32301		
change agent v was/we	imited liability company is not organized under to or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memories of organization or the operating agreement of	of the registered offi ted liability company bers of the limited li of the limited liabilit	ce and the business offi y, it is hereby confirmed ability company or as o	ice of the registered d that the change(s)
Signat	ture of a member or authorized representative of a member		Printed or typed nan	ne of signee
provisi the obl to mere notifie(	by accept the appointment as registered agent an ons of all statutes relative to the proper and comigations of my position as registered agent as prely raffect a change in the registered office address in writing of this change.	plete performance o ovided för in Chapte	of my duties, and Lam fo er 605, F.SOr, if this a	miliar with and accept locument is being filed
Signatu	resor Registered Agent			