M16000004965

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

Office Use Only



700396225537

2022 DEC 16 PH 1: 30

PRECEIVED
2022 DEC 16 AM 11: 48



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: December 16, 2022		Account#; 1200000000			
Name: KEN		_			
Reference #:	1859453				
Entity Name:	YES	COMPANIES FRED,	LLC		
Articles of Incorpo	oration/Authori	ization to Transact Busines	ss		
Amendment					
✓ Change of Agent			ISSUES? CALL		
Reinstatement			KEN:		
☐ Conversion			518-213-0738		
Merger					
Dissolution/Witho	Irawal				
Fictitious Name					
Other					
Authorized Amount:	\$25 .	00			
Signature:	Ken How	sll			

S ASIA PACIFIC HQ

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.

(a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No.	o Change
	June 21, 2016		M16000004965
	Date of filing/registration in Florida	4.	Document number
(a)	Corporation Service Company		
()	Registered Agent and Registered Office shown on the records o	f the Florida Dep	ot, of State:
	1201 Hays Street		
	Registered Office Address	(ADDRESS)	. ~
	Tallahassee	32301-25	2022 DEC
			<u> </u>
(b)	COGENCY GLOBAL INC.		,
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address	E
	115 North Calhoun St., Suite 4		<u></u> ω
	NEW Registered Office Address:		
	Tallahassee F	L 32301	
e cha ent v as/we	imited liability company is not organized under the launge or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited leave authorized by an affirmative vote of the members cles of organization or the operating agreement of the	iws of the State of the registere iability compared the limited	ed office and the business office of the register any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
s/ Ju	ilie Elkins	Julie Ell	
	ture of a member or authorized representative of a member		Printed or typed name of signee

Tim Mayville, Assistant Secretary

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

INHS18 (2/14)

/s/ Tim Mayville
Signature of Registered Agent