## M1600006102

(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:						

Office Use Only



100396225591

2022 DEC 15 Fit 1: 09

2022 DEC 16 AM 11: 48

RECEIVED



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

Account#: I20000000088

Date: December 16, 2022			Account#. 12000000000		
Name: KEN	<u> </u>				
Reference #: 1	859453				
Entity Name:	YES HOMI	ESALES EXP,	LLC		
Articles of Incorpora	tion/Authorization	to Transact Busine	ss		
☐ Amendment					
✓ Change of Agent			ICCUECS CALL		
Reinstatement			ISSUES? CALL KEN:		
☐ Conversion			518-213-0738		
☐ Merger					
Dissolution/Withdra	wal				
Fictitious Name					
Other	<del> </del>				
Authorized Amount:	\$25.00				
Signature:	Ken Howell				

## ' 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	me of the limited liability company: YES HOME	SALES	EXP, LL	.C
	(a)	Principal office address of limited liability company:	(b		Mailing address of limited liability company:
		( <u>Note: MUST BE STREET ADDRESS</u> )			( <u>Note: MAY BE POST OFFICE BOX</u> )
		No Change		No Cha	inge
		August 1, 2016			M16000006102
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Corporation Service Company			_
		Registered Agent and Registered Office shown on the records of	f the Florida	Florida Dept. of State:	
		1201 Hays Street			2022 DEC
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			FC ::
					- 6
		Tallahassee, FI	L_32301	-2525	
	(b)	COGENCY GLOBAL INC.			P1 1:09
	(-)	Enter name of NEW Registered Agent and/or NEW Registered			
		115 North Calhoun St., Suite 4			
		NEW Registered Office Address:	-		_
		Tallahassee, Fi	<sub>L</sub> 32301		_
the age wa	cha ent v s/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regist iability co of the lim	stered offic ompany, it lited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
		lie Elkins	Julie	Elkins	
S	igna	ture of a member or authorized representative of a member			Printed or typed name of signee
pro the to (	visi vobl merc	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide By reflect a change in the registered office address, I I in writing of this change.	ree to act e perform ed for in C Thereby co	in this cap ance of my hapter 60 onfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
_		m Mayville			
Sig	şnatu	re of Registered Agent Tim Mayville, Assistant Sec	retary		

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