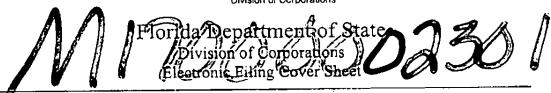
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397

Fax Number

: (800)567-4398

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

Email Address: brian@yebafy.com

17 AUG -8 AM 9: 41

P.001/003

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## LLC REGISTERED AGENT CHANGE YOUR ELECTRIC BILL ANALYZED FOR YOU, LLC

Certificate of Status	31:	0
Certified Copy		0
Page Count		03
Estimated Charge		\$25.00

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## COVER LETTER

	Registration Section Division of Corporations		
SUBJE	YOUR ELECTRIC BILL ANALY	ZED FOR Y	OU, LLC
SUBJE	Name of	Limited Liabi	lity Company
Dear Sir	or Madam:		
The enc	losed Registered Agent/Registered Office C	hange and fee	e(s) are submitted for filing.
Please re	eturn all correspondence concerning this m	atter to the fol	lowing:
Brian l	McCann		
	Name of Person		
YOUR	ELECTRIC BILL ANALYZED FOR	YOU, LLC	
	Firm/Company		
21115	BRUNSON FALLS DRIVE		
<del> :</del>	Address	-	
RICH	MOND, TX 77407		
	City/State and Zip Code		
	@yebafy.com		
Е	-mail address: (to be used for future annual	report notifies	ation)
For fur	ther information concerning this matter, ple	ase call:	
URS.	Agents C/O Kathy Clark	800	567-4397
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314
	Enclosed is a check for the following an	nouat:	
	☑ \$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy
INHSI	8 (2/14)		

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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.

	Principal office address of limited liability company:	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	(NOIS: MUST BE STREET ADDRESS) 21115 BRUNSON FALLS DRIVE		((*)((*, in/) at 1.501 v1:130 at 1.
	RICHMOND, TX 77407		
	22/40/2017	M1 <sup>-</sup>	7000002301
	03/16/2017  Date of filing/registration in Florida	4.	Document number
(a)	Registered Agent and Registered Office shown on the records ANTHES, ROBERT L	of the Florida Dep	Document number  On, of State:  On,
	Registered Office Address (MUST BE FLORIDA SYREE 4325 PARKSIDE DRIVE		
	JUPITER,	FL_33458	
(b)	Enter name of NEW Registered Agent and/or NEW Regists	red Office addres	<u>u:</u>
<b>(</b> b)	URS AGENTS, LLC  NEW Registered Office Address:	erd Office addres	<del>u:</del>
	URS AGENTS, LLC  NEW Registered Office Address:  3458 LAKESHORE DRIVE  TALLAHASSEE	FL 32312	¥:
the cogen	URS AGENTS, LLC  NEW Registered Office Address:  3458 LAKESHORE DRIVE	FL 32312  e iaws of the Strate of the register of the limited liab	ate of Florida, it is hereby confirmed that after red office and the business office of the registere pany, it is hereby confirmed that the change(s) is diability company or as otherwise provided in bility company.  BRIAN MCCANN

FILING FEE: \$25.00