M17000008511

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

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

Account#: I20000000088 Date: December 16, 2022 KEN Name:__ 1859453 Reference #:____ YES INVESTORS EXP, LLC Entity Name:_____ Articles of Incorporation/Authorization to Transact Business ☐ Amendment **ISSUES? CALL** Reinstatement KEN: 518-213-0738 Conversion Merger Dissolution/Withdrawal Fictitious Name Other _____ Authorized Amount: \$25.00 Ken Howell

Signature:

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. N	ame of the limited liability company: YES INVES	STORS EXP,	LLC			a.	
2. (a)	<u></u>	(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) No Change				
	No Change	No					
	October 4, 2017		M170000085	511		_	
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 Dept.	of State:				
	1201 Hays Street						
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	022 D			শহন	
(b)	Tallahassee, FI	_{I.} 32301-252	25		2022 DEC 16	E E Season Season	
	COGENCY GLOBAL INC.			LAHASSLL	ÁM	1 8 g	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u> </u>	9: 5 2		
	115 North Calhoun St., Suite 4						
	NEW Registered Office Address:						
	Tallahassee	L 32301					
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I tere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the State of the registered iability compar of the limited I	l office and the bus ny, it is hereby cor iability company o	siness offic afirmed tha	ce of the	e registered lange(s)	
/s/ J	ulie Elkins	Julie Elki	ns				
Signature of a member or authorized representative of a member			Printed or typed name of signee				
provis the ob to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide yelv reflect a change in the registered office address, I yel in writing of this change.	gree to act in the e performance of ed for in Chapt Thereby confirm	is capacity. I furt of my duties, and I er 605, F.S. Or, i n that the limited l	her agree t I am familia f this docur liability con	o comp ar with nent is npany i	ly with the and accept being filed has been	
/s/ T	im Mayville						

Signature of Registered Agent