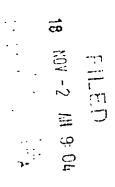
M17000008638

(Re	equestor's Name)		
,	,		
(Ac	idress)	_	
(Ac	idress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bı	isiness Entity Nan	ne)	
(Document Number)			
ζ			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

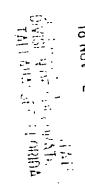
Office Use Only



400319774124



11/05/18--01001--008 **25.00



O SIMMONS MOV 0.5 MOR

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/2/201	8	#WALK IN#
ENTITY NAME_	YELLOW SHOE TRAVEL, LLC	
DOCUMENT NUM	MBER	
	PLEASE FILE THE ATTACHED AND RETURN	
xx	Plain Copy Certified Copy Certificate of Status	
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION **	
COUNTRY OF DES NUMBER OF CER	STINATIONTIFICATES REQUESTED	
TOTAL OWED_	\$25.00 CHECK # 5411	
Please call Tin	a at the above number for any issues or concerns. Thank yn	ra so much!

COVER LETTER

TO:	Registration Section Division of Corporations	
	YELLOW SHOE TRAVEL, I	LLC
SUBJ	JECT: Nan	ne of Limited Liability Company
Dear	Sir or Madam:	
The c	inclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning th	is matter to the following:
COF	RBY COOK	
	Name of Person	
YEL	LOW SHOE TRAVEL, LLC	
	Firm/Company	
855	ARONSON LAKE COURT	
	Address	
ROS	SWELL, GA 30075	
	City/State and Zip Code	
corb	y@yellowshoetravel.com	
	E-mail address: (to be used for future ann	iual report notification)
For fu	urther information concerning this matter,	please call:
	cordy cook	at (404) 916-957 Area Code & Daytime Telephone Number
	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS	18 (2/14)	

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	me of the limited liability company: YELLOW SHO	E TRAVEL, I	_LC	<u>. </u>		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 855 ARONSON LAKE COURT	(b)				
	ROSWELL, GA 30075	ROSV	WELL, GA 30075			
	10/9/2017	M1700	0008638			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	Registered Agent and Registered Office shown on the records of the COOK, CORBY LAW Registered Office Address		State.			
	3458 LAKESHORE DRIVE	·· ·			.	
	TALLAHASSEE , FL	32312 	<u></u>		क	
(b)	Enter name of NEW Registered Agent and/or NEW Registered G SUNSHINE CORPORATE FILING OF FLOR		_		1107 -2 MI	· 11-7-1
	NEW Registered Office Address:			٦.	9.04	
	3458 LAKESHORE DRIVE			2**	, C	<u>-</u>
	TALLAHASSEE, FL 3	32312				
the cha agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registered of pility company, the limited liab	fice and the business off it is hereby confirmed the ility company or as other	ice of the	registe	red
	ure of a member, or putherized representative of a member					
I herel provision the oblined to mere notified	ore of a member or puthwized representative of a member by accept the appointment as registered agent and agree ons of all statutes relutive to the proper and complete programs of my position as registered agent as provided by reflect a change in the registered office address, I he is in writing of this change.			-		hc rept led

Division of Corporations P.O. Box 6327 Talluhassee, F1. 32314 FILING FEE: \$25.00