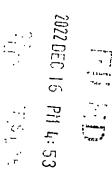
M20000000251

(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



300396225653



2022 DEC 16 AMII: 4



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

Account#: 120000000088

Date: December	16, 2022		Account#, 1200000000088		
Name: KI	EN				
Reference #:	1859453				
Entity Name:	YES WOO	ODLAND ESTATES	FL, LLC		
Articles of Incorpo	oration/Authori	zation to Transact Busine	ss		
Amendment					
✓ Change of Agent			ICCITECS CALL		
Reinstatement			ISSUES? CALL KEN:		
Conversion			518-213-0738		
☐ Merger☐ Dissolution/Withd	rawal				
Fictitious Name					
Other					
Authorized Amount:	\$25.0	00			
, is in original to the control of t	Ken How				
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 WO	ODLAND ES	STATES FL, LLC
2. (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	<u>N</u>	lo Change
	January 7, 2020	<u> </u>	M2000000251
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Corporation Service Company		
	Registered Agent and Registered Office shown on the record	s of the Florida De	
	1201 Hays Street		2022
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	2022 DEC ********
	Tallahassee	FL 32301-2	525 P
(b)	COGENCY GLOBAL INC.		
	Enter name of NEW Registered Agent and/or NEW Register	ered Office addre	<u>w</u> ω
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	, FL_32301	
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite vere authorized by an affirmative vote of the member ticles of organization or the operating agreement of	s of the register d liability comp ers of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
/s/ J	ulie Elkins	Julie E	lkins
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei	thy accept the appointment as registered agent and sions of all statutes relative to the proper and compoligations of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change.	agree to act in lefe performand ided for in Cha s. I hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been

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