M20000011876

(R	equestor's Name)						
(Address)							
(Address)							
(C	ity/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates of	Status					
Special Instructions to Filing Officer:							
		_					





700391744157





A. BUTLER AUG - 8 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	o. :	120000001	95					
REFERENC	CE :	854413	8386965					
AUTHORIZATIO	Э : ИС							
COST LIMI	т 🦂	15425606 12	do					
	· '							
ORDER DATE : August 3, 2022	2							
ORDER TIME : 3:09 PM								
ORDER NO. : 854413-032								
CUSTOMER NO: 8386965								
CHANGE OF AGENT								
NAME: YF FC PALM	веасн,	LLC						
PLEASE RETURN THE FOLLOWING CERTIFIED COPY PLAIN STAMPED COPY	AS PRO	OOF OF FILI	NG :					
AA FUATR STAMEED COPT								
CONTACT PERSON: Eyliena Bak	ker							
	EXAMIN	ER'S INITI	ALS:					

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: YF FC PALM BE	ACH, l	LL	_C	
2. (a)	4032 W. Hillsboro Blvd.	(b) 4032 W. Hillsboro Blvd.			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	.0,	Mailing address of lin	nited liability company: OST OFFICE BOX)
		DEERFIELD BEACH, FL 33442	_		DEERFIELD BEACH, FL 33	3442
		12/23/2020		<u> </u>	M20000011876	
3.		Date of filing/registration in Florida	4.		Document number	er
5. (a)	C T CORPORATION SYSTEM				
	,	Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD	ne Florid	la l	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<u>)</u>	2022 SECI
		PLANTATION FL	33324			ZOZZ AUG -5
(1	b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Corporation Service Company</u>	dress:	FD PM 2: 42		
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee, FL	32301			
chan agen was/	ige it w 'we	mited liability company is not organized under the laws or changes are made, the Florida street address of the refill 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 liab	egister fility co the lin	ed on nit	d office and the business offi npany, it is hereby confirmed ted liability company or as o	ice of the registered d that the change(s)
		l Cilmi	Jill	Ci	Cilmi, Authorized Person	
I he prov the o to m notif	reh isio bli ere iea	we of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete positions of my position as registered agent as provided by reflect a change in the registered office address. I he is change to this change be of Registered Agent E. Kirby, Asst. Vice President	e to ac erform for in (rreby c	t ii tar Ch	Printed or typed nan in this capacity. I further ag nce of my duties, and I am fa hapter 605, F.S. Or, if this d nfirm that the limited liability	ree to comply with the

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