M20000011886

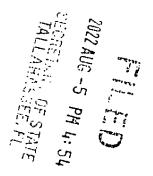
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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BECEINED



A. BUTLER AUG - 8 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 854413 8386965

AUTHORIZATION

COST LIMIT : 75 25.00

ORDER DATE : August 3, 2022

ORDER TIME : 3:08 PM

ORDER NO. : 854413-009

CUSTOMER NO: 8386965

CHANGE OF AGENT

NAME: YF FC MIAMI, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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	ame of the limited liability company: YF FC MIAMI, L	LC		
2. (a)	4032 W. Hillsboro Blvd.		(b) 4032 W.	. Hillsboro Blvd.
- (.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	DEERFIELD BEACH, FL 33442	_	DEERFI	ELD BEACH, FL 33442
	12/23/2020		M200000	11886
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	C T CORPORATION SYSTEM			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE	(SS)	_
	PLANTATION, FL	33324	1	2022 AUG SEGNEDA TALLA
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			HASSEE HILLS
	Corporation Service Company		***	
	NEW Registered Office Address:			mi 🗲
	1201 Hays Street			
	Tallahassee FL	3230	l	
change agent v was/wo the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the E limited	ered office ar company, it i imited liabili I liability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in inpany.
/S/ Jill Cilmi Signature of a member or authorized representative of a member			Jill Cilmi, Authorized Person Printed or typed name of signee	
l herei provisi the obl to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided reflect a change in the registered office address. It is writing of this change.	ee to a perfori d for in hereby	ct in this cap mance of my Chapter 60. confirm that	acity. I further agree to comply with the
Signatu	re of Registered Agent			

Grace E. Kirby, Asst. Vice President
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00