DDDD110947

(Re	equestor's Name)			
(Ac	Idress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				



000258382360

04/07/14--01007--007 **35.00

Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. Youth In Motion, Inc.

Name of Corporation

DOCUMENT NUMBED, N10000010947

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Spencer Cobb (aka) Khamil L. Ojoyo

Name of Contact Person

Firm/Company

PO Box 40994

Address

Jacksonville, Florida 32203

City/State and Zip Code

kujistar@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Spencer Cobb (aka) Khamil L. Ojoyo

,_/904 \635-3813

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organ		
in orde	er to change its registered office or registe	ered agent, or both, in the State o	of Florida.
1. The name of	the corporation: Youth In Motion, I	nc.	\
2. The principal	office address: 9US CO	irbondale 1	Dr. W
 -	<u>Jacksov</u>	14:116 L 2	22208
3. The mailing	address (if different	BOX 4 6999	A 50.75
	01/10/11	KSONVIIE, PI	<u> </u>
4. Date of incor	poration/qualification: 01/10/11	Document number: N10	000010947
	d street address of the current registered ag rtment of State: (If resigned, enter resigned		with the
	Khamil L. Ojoyo		
	9615 Carbondale Dr. W.		
	Jacksonville, Florida 32208		- -
6. The name and (if changed):	d street address of the new registered agen	at (if changed) and /or registered	office
	Spencer Cobb		
	9615 Carbondale Dr. W.		
	P.O. Box NOT Jacksonville, Florida 32208	acceptable	
The street addreas changed will	ess of its registered office and the street a be identical.	address of the business office of	f its registered agent,
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by a fired in writing of the change.	ın officer so
Manan Manan	re of an officer or director	Maurice L. Chin, Direct Printed or typed name and	
I hereby accept I further agree performance of	the appointment as registered agent and to comply with the provisions of all statu my duties, and I am familiar with and ac is document is being filed merely to refle that the corporation has been notified in	l agree to act in this capacity. tes relative to the proper and co	omplete ion as registered
Spenar Cef	Laka Khanel L. Ofers	04/12/14	-
If signing on be	shalf of an entity:		
Т	yped or Printed Name		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *