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TALLAHASSEE, FLORID

120107



ACCOUNT NO. : 07210000032
REFERENCE : 870739 1575231
AUTHORIZATION :
COST LIMIT : \$ 35.00
ORDER DATE: April 26, 2007
ORDER TIME : 11:53 AM
ORDER NO. : 870739-025
CUSTOMER NO: 7575231
CHANGE OF AGENT
NAME: Y & Y MANAGEMENT CORP.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY
CONTACT PERSON: Kathy Drake EXT# 2959
EXAMINER:

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

	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Status nge is submitted for a corporation organized under the laws of the State of Flori	da		
in orde	r to change its registered office or registered agent, or both, in the State of Floria	SEC	2007 APR	7
1. The name of t	he corporation: Y & Y MANAGEMENT CORP.	翌	<del>28</del>	_
2. The principal	office address: 2223 Pembroke Road	252 252 253 253	9	
Hollywood, F		EFF	국 교	
3. The mailing a	ddress (if different):	Lokiv	ST. F.	л 
4. Date of incorp	poration/qualification: February 14, 2001 Document number: P0100001748	2		
	street address of the current registered agent and registered office on file with the tment of State:	<b>;</b>		
	Barry Barak			
	2223 Pembroke Road			
	Hollywood, FL 33020			
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office			
	Corporation Service Company			
	1201 Hays Street			
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the street address of the business office of its registered.	gistered	agent,	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	cer so		
KULL	re of an officer or director)  HELEN BARAK (Printed or typed name and title)	PRI	ES	
I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby concern the properties of this change.	e perfoi ent. Or infirm t	rmance · if this hat the	
By: MC	Service Company  (Date)  Service Company  (Date)		<del></del>	
If signing on be	half of an entity:			
Michelle R. Van	noy, Asst. V.P.			
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 CR2E045 (8/05)

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