

P020000102376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

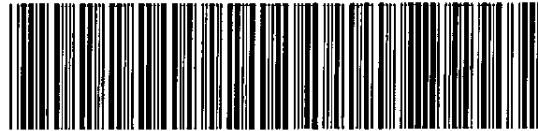
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

(Corrected) Name
of Corp.



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11/17/05--01003--008 **35.00

FILED
05 NOV 15 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Chg.

Sf

**Carolyn M. Hurst
Certified Public Accountant**

92 Horseshoe Trail
Crawfordville, Florida 32327
(850) 926-9165

November 8, 2005

Susan Payne
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Y & Y Group, Inc.
Mori Japanese Steakhouse of Tallahassee, Inc.

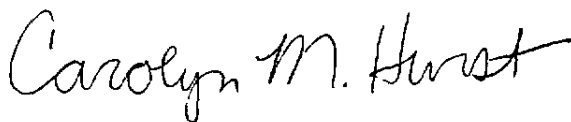
Dear Susan,

Please accept the enclosed Statements of Change of Registered Agents as timely filed for the above corporations, and reinstate Y & Y Group, Inc. as an active corporation.

As I told you on the phone, we mailed original statements to change agents on September 6, 2005. Checks no. 2526 & 2527, dated 9/2/05, in the amounts of \$35.00 each were enclosed. Apparently these were never received by the Division, as they have not cleared the bank. We apologize for this, but we did make every effort to comply with the requirement to file.

Thank you for your assistance, and please call me if you need any further information. My work telephone is (850)877-2804.

Sincerely,

A handwritten signature in cursive script that reads "Carolyn M. Hurst". The signature is written in dark ink and is positioned above the printed name and title.

Carolyn M. Hurst
Certified Public Accountant

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Y & Y Group, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000102376

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:

Carolyn M. Hurst
(Name of Contact Person)

Carolyn M. Hurst, CPA
(Firm/Company)

92 Horseshoe Trail
(Address)

Crawfordville, FL 32327
(City/State and Zip Code)

For further information concerning this matter, please call:

Carolyn Hurst at (850) 877-2804
(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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Yard Group, Inc.
2. The principal office address: 1818 W. 23rd Street
Panama City, FL 32405
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/23/02 Document number: P02000102376
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

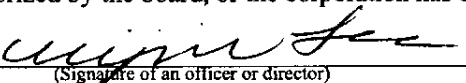
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carolyn M. Hurst
92 Horseshoe Trail
(P.O. Box NOT acceptable)
Crawfordville, FL 32327


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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Mi Jin Lee, President
(Signature of an officer or director) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 11/8/05
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)