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: SHUFFIELD LOWMAN

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## REGISTERED AGENT CHANGE

## YLS, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	evisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this we is submitted for a corporation organized under the laws of the State of Florida o change its registered office or registered agent, or both, in the State of Florida.	
	corporation; YLS, INC.	
2. The principal offi	fice address: 1320 W. PINE STREET, SUITE B ORLANDO FL 32805	
3. The mailing addr	ress (if different):	
4. Date of incorpora	ation/qualification: 11/24/2004 Document number: P04000160334	
	reet address of the current registered agent and registered office on file with the ent of State: (If resigned, enter resigned)	
RU	UBÍNA, NICHOLAS J ESQ 200	
15	57 LOOKOUT PLACE, SUITE 101  AUTI AND SIL 20754 HO	CENTRAL
	ALLEND LE 35/91 02	
6. The name and stre (if changed):	reet address of the new registered agent (if changed) and /or registered office	
	William R. Lowman, Jr., Esq.	
	Shuffield, Lowman & Wilson, P.A.	
	(P.O. Box NOT acceptable) 1000 Legion Place, Suite 1700, Orlando, FL 32801	
The street address of	of its registered office and the street address of the business office of its registered agent, identical.	
=	nuthorized by resolution duly adopted by its board of directors or by an officer so coard, or the corporation has been notified in writing of the change.	
//	- Land	
	Tan officer or director)  Dayld C. Lorne, President (Printed or typed marie and falle)	
I hereby accept the I further agree to co of my duties, and to document is being for corporation has been	appointment as registered agent and agree to act in this capacity.  comply with the provisions of all statutes relative to the proper and complete performance ambiguith and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address, I hereby confirm that the can potified in writing of this change.	
M	October 27, 2008 (Date)	-
If signing on behalf		
oremite on contain	- o o	
(Typed	d 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
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