

P080000078459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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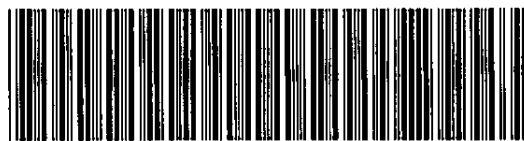
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R/A Chg

NOV 27 2013

R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2013

YOLANDA SCHON  
YSV CORPORATION  
10689 N. KENDALL DRIVE-SUITE 304  
MIAMI, FL 33176

SUBJECT: YSV CORPORATION  
Ref. Number: P08000078459

We have received your document for YSV CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 013A00026138

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NOV 25 AM 11:53  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** YSV Corporation

Name of Corporation

**DOCUMENT NUMBER:** P08000078459

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:

Yolanda Schon

Name of Contact Person

YSV Corporation

Firm/Company

10689 N. Kendall Drive - Suite 304

Address

Miami, Florida 33176

City/State and Zip Code

yschon@seniorhelpers.com

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

For further information concerning this matter, please call:

Yolanda Schon

Name of Contact Person

at ( 305 ) 274-7737

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: YSV Corporation
2. The principal office address: 10689 N. Kendall Drive - Suite 304 Miami, FL 33176
3. The mailing address (if different): 10689 N. Kendall Drive - Suite 304 Miami, FL 33176
4. Date of incorporation/qualification: 10/28/2008 Document number: P08000078459
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
- 10300 Sunset drive - Suite 272-6 Miami, FL 33173

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

10689 N. Kendall Drive - Suite 304 Miami, FL 33176

P.O. Box NOT acceptable

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.

*Yolanda Schön*  
Signature of an officer or director

Yolanda Schön  
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.*

\_\_\_\_\_  
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 (03/12)

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