

P10000030781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

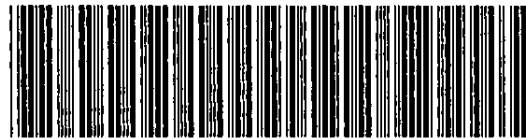
(Business Entity Name)

(Document Number)

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SEP 27 2012

C. MUSTAIN

Erin

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STATE OF FLORIDA
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: YPN ELITE MARKETING GROUP INC.
Name of Corporation

DOCUMENT NUMBER: P100 000 30781

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:

CARMEN S. ROMERO-TEJEDA
Name of Contact Person

CST BUSINESS & FINANCIAL SERVICES
Firm/Company

7800 N. UNIVERSITY DR. # 304
Address

TAMPA, FL 33321
City/State and Zip Code

CSTFINANCIAL@CSTGROUP.US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARMEN S. ROMERO-TEJEDA at (954) 323-8224
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2012

DIANA JEAN BAPTISTE
775 MALIBU BAY DRIVE #102
WEST PALM BEACH, FL 33401

SUBJECT: YPN ELITE MARKETING GROUP INC.
Ref. Number: P10000030781

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

You failed to submit the entire form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 912A00016718

Am 30
Lady called
submitting in change

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: YPN ELITE MARKETING GROUP INC.
2. The principal office address: _____
3. The mailing address (if different): C/O CST ACCOUNTING & TAX SERVICES, 7800 N. UNIVERSITY DRIVE #304, TAMARAC, FL 33321
4. Date of incorporation/qualification: 4/8/2010 Document number: P10000030781
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)

RESIGNED

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

MANUEL R. TEJEDA

331 CITYVIEW DRIVE

P.O. Box NOT acceptable

FORT LAUDERDALE, FL

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.

CARMEN WILLIAMS
Signature of an officer or director

CM Treasurer
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.

Manuel Tejeda
Signature of Registered Agent

9-1-12
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)