

P100000065622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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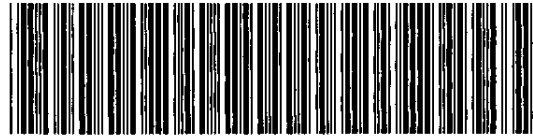
(Business Entity Name)

(Document Number)

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R.A.

JUN 11 2012

T. BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** YSM CONSULTANCY, INC.

Name of Corporation

**DOCUMENT NUMBER:** P10000065622

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:

SUBRAMANIAM, MURUGGAN

Name of Contact Person

YSM CONSULTANCY, INC.

Firm/Company

5101 COLLINS AVENUE #12N

Address

MIAMI BEACH, FL 33140

City/State and Zip Code

muruggans@gmail.com

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

For further information concerning this matter, please call:

MURUGGAN SUBRAMANIAM at ( 661 ) 3884198

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

May 18, 2012

MURUGGAN SUBRAMANIAM  
YSM CONSULTANCY, INC.  
5101 COLLINS AVE #12N  
MIAMI BEACH, FL 33140

SUBJECT: YSM CONSULTANCY, INC.  
Ref. Number: P10000065622

We have received your document for YSM CONSULTANCY, 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):

The registered agent must sign the document.

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 712A00014729

**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: YSM CONSULTANCY, INC.

2. The principal office address: 5101 COLLINS AVENUE #12N  
MIAMI BEACH, FL 33140

3. The mailing address (if different): 25960 BURKE PLACE  
STEVENSON RANCH, CA 91381

4. Date of incorporation/qualification: 08/10/2010 Document number: P10000065622

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)

SUBRAMANIAM, MURUGGAN  
2622 NW 97TH AVE  
MIAMI FL 33172 US

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

SUBRAMANIAM, MURUGGAN  
5101 COLLINS AVENUE #12N  
P.O. Box NOT acceptable  
MIAMI BEACH, FL 33140

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DIVISION OF CORPORATIONS  
12 JUN -8 AM 10:04**

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.

  
Signature of an officer or director

SUBRAMANIAM, MURUGGAN  
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

6/4/12  
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