P100000084672

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COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: YGRIN WORLD CORPORATION

Name of Corporation

DOCUMENT NUMBER: P10000084672

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:

Dower W. Drummond

Name of Contact Person

YGRIN WORLD CORPORATION

Firm/Company

7512 Dr. Phillips Blvd Suite 50-302

Address

Orlando - Florida - 32819

City/State and Zip Code

dower@arint.com

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

For further information concerning this matter, please call:

Dower W. Drummond

407 353-0333

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

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	visions of sections 607.0302, 617.0302, 607.1508, or 617.1508, Florida Statutes, this is submitted for a corporation organized under the laws of the State of Florida change its registered office or registered agent, or both, in the State of Florida.
	corporation: YGRIN WORLD CORPORATION
	ice address: 7512 Dr. Phillips Blvd Suite 50-302
	0014030 PL 32819
3. The mailing addre	ess (if different):
4. Date of incorporat	tion/qualification: 10/15/2010
5. The name and stre Florida Departmen	eet address of the current registered agent and registered office on file with the int of State: (If resigned, enter resigned)
Do	ower W. Drummond
77	'38 Apple Tree Circle
Or	rlando - Florida - 32819
6. The name and stre (if changed):	rlando - Florida - 32819 eet address of the new registered agent (if changed) and /or registered office.
Do	ower W. Drummond
75	12 Dr. Phillips Blvd Suite 50-302
Orl	P.O. Box NOT acceptable Processing Processin
The street address of as changed will be it	f its registered office and the street address of the business office of its registered agent, dentical.
Such change was aut authorized by the bo	thorized by resolution duly adopted by its board of directors or by an officer so pard, or the corporation has been notified in writing of the change.
Signature of all	Dower W. Drummond Printed or typed name and title
1 jurinesagree to col performance of my d agent. On if this doc	appointment as registered agent and agree to act in this capacity, imply sith the provisions of all statutes relative to the proper and complete thinks, and am familiar with and accept the obligation of my position as registered current is being filed metely to reflect a change in the registered office address, I the corporation has been notified in writing of this change.
Signature of	of Registered Agent May 24, 2019
If signing on behalf of	of an entity/
Dower W. Drun	
Typed or	r Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/42)

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