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	questor's Name)			
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PICK-UP	MAIT	MAIL		
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Certified Copies	Certified Copies Certificates of Status			
Special Instructions to	Eiling Officer			
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Office Use Only



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SECRETARY OF STATES OF STATES OF CORPORATIONS

FEB 2 4 2017 C MCNAIR CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 THER 23 PM 1:41

UTHORIZATION		1 ^{521,093} Greldele	man
REFERENCE	:	521093	4384197
ACCOUNT NO.	:	I2000000	0195

COST LIMIT : \$ 35.00

ORDER DATE: February 23, 2017

ORDER TIME : 9:48 AM

ORDER NO. : 521093-005

CUSTOMER NO: 4384197

CHANGE OF AGENT

NAME: YO MULLETHEAD, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER:

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

statement of chan	ovisions of sections 6 ge is submitted for a c to change its registera	corporation orga	wized under the la	aws of the State	of FL	his ———
	corporation: YO MU		.,	and its the piece	oj Pioriau,	
2. The principal of STUART, FL:	ffice address: 3015 SI	E ST. LUCIE BO	DULEVARD			
3. The mailing ado	iress (if different):		7			
4. Date of incorpo	ration/qualification:	11/30/2012	Document	number: P120	00098550	· · · · · · · · · · · · · · · · · · ·
5. The name and s	treet address of the cunent of State; (If resig	irrent registeréd	agent and register			
0	F Registered Agent,	Inc.				
	00 S. Ashley Drive S	Suite 400	·	-		4 014
ī	ampa, FL 33602					17 FEB
(if changed):	treet address of the ne corporation Service C		ent (if changed) ar	nd /or registered	loffice	17 FEB 23 PM 1
1	201 Hays Street					5
	2011 lays out of	P.O. Box NO	T acceptable	·		*****
T	allahassee		FL FL	.32301		
	of its registered office identical.					d agent,
Such change was authorized by the	authorized by resolut board, or the corpora	ion duly adopte tion has been no	d by its board of o stified in writing o	directors or by a of the change.	an officer so	
11011			SIEGEL, KENA			
I hereby accept the I further agree to in performance of magent. Or, if this is thereby confirm the	e appointment as reg comply with the prov. o duties, and I am fan locument is being file at the corporation ha Service Company	istered agent an isions of all stat niliar with and i ed merely to ref s been notified i		ed or typed name and this capacity, the proper and c tion of my posit the registered of change.		ered I
By:	Have of Registered Agent	WV		2/23	17	
If signing on behal	f of an entity:	Harry B. Asst. Vice F		.560	ı	
Турес	or Printed Name					
	# 1	***FILING FF	E: \$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)