P13000061237	
(Requestor's Name) (Address) (Address)	100350933911
(City/State/Zip/Phone #)	08/31/2001037018 **35.00
Certified Copies Certificates of Status	FILED 2020 AUG 31 PH 4: 21 SECRETARY OF STATE TALLAHASSEE, FL
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Y.R.E. I Associates Of Florida Cosporation

DOCUMENT NUMBER: P1300061237

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:

Name of Contact Person
<u>Yvonne</u> Orrett Firm/Company
Firm/Company
URE I Associates of Florida Conforcation
3618 Carkerway St, Apt By Tpa, FT, 33614. City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>NVAUNE Crneff</u> Name of Contact Person at (<u><61</u>2) <u>730 - 9784</u> 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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 $\int \frac{\int \nabla v dv}{\partial v} dv$. <u>U-Sch</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: <u>UREJ</u> ASSociates Of FTURICLA (espore tion 2. The principal office address: <u>3818</u> Carrowsay St, Apt. B, Tpa, FT. 33619.	
2. The principal office address: 3818 Carnoway St. Apt. B. Tpa, FT. 33614.	
3. The mailing address (if different):	
4. Date of incorporation/qualification: \overline{SIU}_{11} \overline{O}_{1} $\overline{\partial}_{1}$ $\overline{\partial}_{1}$ $\overline{\partial}_{1}$ Document number: <u>P13000661037</u>	
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)	
Incorp Service Jnc.	
17888 67th Ct. North Loxanhatcheer 3	
<u>Palm Brach, Fl. 33470</u>	
6. The name and street address of the new registered agent (if changed) and for registered others.	
(if changed): <u>Journ Ostrett</u>	
3818 Carroway St Apt B	
Tbg. Fl. 32619.	

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

MUMME JE. Orrett.

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

If signing on behalf of an entity:

* * * 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 (04/13)