

P150000031485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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02/16/17--01015--005 **25.00

03/15/17--01009--005 **10.00

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2017 MAR 15 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rd/chg

MAR 16 2017

I ALBRITTON

22

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: YINVST INC.

Name of Corporation

DOCUMENT NUMBER: P15000031485

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:

Marie Hauer

Name of Contact Person

CT Corporation

Firm/Company

111 8th Ave, 13th Floor

Address

New York, NY 10011

City/State and Zip Code

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

For further information concerning this matter, please call:

Marie Hauer

Name of Contact Person

at 212 894-8504

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

February 21, 2017

MARIE HAUER
CT CORPORATON SYSTEM
111 8TH AVENUE - 13TH FLOOR
NEW YORK, NY 10011

SUBJECT: YINVST INC.
Ref. Number: P15000031485

We have received your document for YINVST INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Limited Liability Company, but your entity is a Florida Profit Corporation. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

There is a balance due of \$10.00.

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: 917A00003389

**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: YINVST INC.
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/06/2015 Document number: P15000031485
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)

BUSINESS FILINGS INCORPORATED

515 EAST PARK AVENUE

TALLAHASSEE, FL 32301

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

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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2017 MAR 15 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

03/09/2017

Date

If signing on behalf of an entity:

Mark Williams, AVP, Business Filings Incorporated

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)