

PI5000074499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

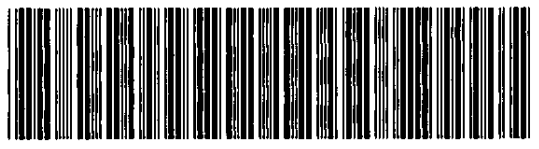
(Business Entity Name)

(Document Number)

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2015 OCT -9 PM 3:18  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

OCT 09 2015  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: YOLO MANAGEMENT, INC.  
Name of Corporation

DOCUMENT NUMBER: P15000074499

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:

JASON P. MAYNARD  
Name of Contact Person

YOLO MANAGEMENT, INC.  
Firm/Company

17100 NORTH BAY RD. #1810  
Address

SUNNY ISLES BEACH, FL 33160  
City/State and Zip Code

jasonpmaynard@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON P. MAYNARD at ( 774 ) 641-3221  
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

**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: Yolo Management, Inc.
2. The principal office address: 17100 NORTH BAY RD UNIT #1810 SUNNY ISLES BEACH, FL 33160
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/8/15 Document number: P15000074499
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)

AMERICAN SAFETY COUNCIL, INC.  
5125 ADAMSON ST. SUITE 500  
ORLANDO, FL 32804

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

BERGER FIRM P.A.  
3050 BISCAYNE BLVD. SUITE 402  
P.O. Box NOT acceptable  
MIAMI, FL 33137

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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.

Jason P. Maynard  
Signature of an officer or director

JASON P. MAYNARD PRESIDENT  
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.

Chris Berger  
Signature of Registered Agent

10/6/2015  
Date

If signing on behalf of an entity:

CHASE A. BERGER  
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)