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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: YEN INNOVATIONS CORP
Name of Corporation
DOCUMENT NUMBER: P15000097898

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:

ELEN E YERO

Name of Contact Person

YEN INNOVATIONS CORP

Firm/Company

1980 NW 33RD CT

Address

OAKLAND PARK, FL 33309

City/State and Zip Code

elensrealty@gmail.com

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

For further information concerning this matter, please call:

ELEN E YERO 30

.305 \6072897

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

statement of che	unge is submitted for a corporation orga.	02, 607.1308, or 617.1308, Florida Statu nized under the laws of the State of <mark>Flori</mark> c tered agent, or both, in the State of Flori	da
L. The name of	the corporation: YEN INNOVATION	ONS CORP	
2. The principal	office address: 1980 NW 33RD (CT, OAKLAND PARK, FL 33	309
		<u> </u>	
3. The mailing a	address (if different):		
4. Date of incor	Date of incorporation/qualification: 12/07/2015		
	d street address of the current registered rument of State: (If resigned, enter resign	agent and registered office on file with the	ne
	YERO, ELEN E		
	4910 NW 79TH AVE APT 1	04	
	DORAL, FL 33166		12 N 12 N
6. The name and (if changed):	d street address of the new registered ago	ent (if changed) and /or registered office	DEC 21
	YERO, ELEN E		구
	1980 NW 33RD CT		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	OAKLAND PARK, FL 3330	l'acceptable	?··· 10
The street address changed will		address of the business office of its reg	gistered agent,
Such change was authorized by the	/ \	d by its board of directors or by an offic otified in writing of the change.	er so
	j m	ELEN E YERO	
I hereby accept I further agree performance of agent. Or, if th	that the corporation has been notified	tutes relative to the proper and complete accept the obligation of my position as r lect a change in the registered office ad	e registered dress, I
	3/m.	12/14/2017	
	nature of Registered Agent	Date	
	chalf of an entity:		
ELEN E YE	Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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