716000100620

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J DENNIS	
JUN 2 7 2023	

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2023 APR 10 PH 2: 24

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COVER LETTER

TO:

Amendment Section Division of Corporations

ce/Agent and fee are submitted for filing.
er to the following:

ort notification)
call:
at () Area Code & Daytime Telephone Number
Area Code & Daytime Telephone Number
rtment of State.
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

statement of che	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
in orde	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: YLC INC
2. The principal	office address: 29450 Bermont Rd Punta Gorda, FL 33982
_	address (if different):
4. Date of incor	poration/qualification: 12/31/2016 Document number: P16000100620
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	J David Campbell EA
	405 Tamiami Trail
	Punta Gorda, FL 33950
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Cornel Faltin
	29450 Bermont Rd
	P.O. Box NOT acceptable
	Punta Gorda, Fl. 33982
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wanthorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Com	Cornel Faltin, President
D	ire of an officer or director Printed or typed name and title
I further agrée of my duties, ar document is be	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Sig	enature of Registered Agent 03/13/2023
If signing on be	chalf of an entity:
Cornel Faltin	
1	'yped 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