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	Email Address:					1
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. ~			or this business entity to be u		ure:	. 44
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		Fax Number	: (855)330-1010		2021	
•		Phone	: (307)200-2803			
			r : I2009000081			
	FION:	Account Name	: REGISTERED AGENTS INC.			
	From:					
	<u>.</u>	Division of C Fax Number	orporations : (850)617-6380			
	To:					

## REGISTERED AGENT CHANGE YKUNI INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this or organized under the laws of the State of Florida.			
1. The name of	the corporation: YKUNI INC.				
		1ST AVENUE MIAMI, FL 33132			
3. The mailing :	address (if different):				
4. Date of incor	poration/qualification: 10/22/2019	Document number: P19000082709			
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)			
	YEVGENIY KHAYMAN				
	117 NE 1ST AVENUE				
	MIAMI, FL 33132	SSC I			
6. The name and (if changed):	d street address of the new register	resigned)  SSET SHO  SET SHO  Ted agent (if changed) and /or registered office			
	Northwest Registered	Agent LLC			
	7901 4th St N STE 300				
		Box NOT acceptable			
	St. Petersburg FL 3370	)2			
The street address changed will	ess of its registered office and the let let be identical.	street address of the business office of its registered agent.			
		adopted by its board of directors or by an officer so seen notified in writing of the change.			
VEV ZIET (	DILL KI-LAMAN	YEVGENIY KHAYMAN  Printed or typed name and title			
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered as to comply with the provisions of a fmy duties, and I am familiar with	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I			
lon	Glove	1/13/2021			
Sig	mature of Registered Agent	Date			
If signing on be	chalf of an entity:				
Tom Glove					
Т	yped or Printed Name				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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