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(F	Requestor's Name)	
	Address)	
	Address)	
(6	City/State/Zip/Phone #)	
PICK-UP	MAIL MAIL	
(H	Business Entity Name)	
(1)	Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	J. HORNE JUN 27 2023	

Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: YM Delivery Service Name of Corporation	es Inc
DOCUMENT NUMBER: P 1900 00 97	631
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
VASMANI MARTINES Name of Contact Person YM DELIVERY SERVICES INC Firm/Company 10109 Singing DAKS CT Address TAMPA Florida 33615 City/State and Zip Code	
10208 Singing Doke Ct	
Address _	
TAMPA Florida 33615	
City/State and Zip Code	 -
<u>YASMAnim89 @ 3m4:1.</u> E-mail address: (to be used for future annual repo	Con
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please	call:
YASMAN MARTINES	. 813 . 724-1491
Name of Contact Person	at (<u>\$13</u> , 724 - 1491 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.
	Street Address:
Mailing Address: Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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: YM Delivery Services Inc
2. The principal office address: 10109 Singing OAKS Ct
TAMA Florida 33615
3. The mailing address (if different):
4. Date of incorporation/qualification: 12-13-2019 Document number: P190000 92631
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)
W D YASMANI Y MARTINEZ
2118 W Saint Isabel St
TAMPA PL 33607 EA TO
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): YASMANI MARTINE?
10108 Singing OAKs Cf P.O. Box NOT acceptable
TAMPA FC 33615
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.
03.29-2023
Signature of Registered Agent Date
If signing on behalf of an entity:
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 (04/13)