	I entity submits this statement for the purpose of changing i	ts registered office or regis	tered agent, or both, in the State of Flori	da.
SIGNATURE	LY VAN TRAN			08/18/2022
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT, DIRECTOR	Title	DIRECTOR	
Name	TRAN, LY VAN	Name	DO , BA	
Address	5607 TOWN N COUNTRY BLVD	Address	5607 TOWN N COUNTRY BLVD.	
City-State-Zip:	TAMPA FL 33615	City-State-Zip:	TAMPA FL 33615	
Title	SECRETARY, DIRECTOR	Title	DIRECTOR	
Name	NGUYEN, LONG KIM	Name	NGUYEN, VINH NGOC	
Address	2601 S MARION ROAD	Address	1341 PIRKLE ROAD	
City-State-Zip:	SIOUX FALLS SD 57106	City-State-Zip:	NORCROSS GA 30093	
Title	SECRETARY, DIRECTOR	Title	DIRECTOR	
Name	NGUYEN, TUAN	Name	PHAM, CHUC	
Address	210 KATY ST	Address	5607 TOWN N COUNTRY BLVD.	
City-State-Zip:	GARLAND TX 75040	City-State-Zip:	TAMPA FL 33615	
Title	ASST. SECRETARY, DIRECTOR			
Name	NGUYEN, THIEU			
Address	1731			
City-State-Zip:	GRETNA LA 70056			

TRAN, LY

Current Principal Place of Business: 5607 TOWN N COUNTRY BLVD.

TAMPA, FL 33615

DOCUMENT# N29261

REPORT

Current Mailing Address:

5607 TOWN N COUNTRY BLVD. TAMPA, FL 33615 US

FEI Number: 95-3692543

Name and Address of Current Registered Agent:

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

Entity Name: GIAO-HOI PHAT-GIAO TANG-GIA KHAT-SI THE-GIOI, INC.

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LY TRAN	PRESIDENT	08/18/2022	

Electronic Signature of Signing Officer/Director Detail

FILED Aug 18, 2022 Secretary of State 8957135584CC

Certificate of Status Desired: No

Date