A140000000449

(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:						

Office Use Only



600344247416

05/11/20--01015--002 **35.00

2020 KAY 11 AM 9: 00



COVER LETTER

	egistration Section livision of Corporations			
SHRIFC	CT: MARISA 1981 LP			
GODGEC	Name of Limited Partnership	or Limited Liabilit	y Limited Partnership	
DOCUM	IENT NUMBER: A14000000449			
	osed Statement of Change of Regis submitted for filing.	tered Office and	or Registered Agent and	
Please ret	turn all correspondence concerning	this matter to:		
Dien Liu				
~	Contact Person			
MARISA	1981 LP			
	Firm/Сотрапу			
6901 Moni	kland Avenue			
	Address			
Montreal,	Quebec, CANADA H4B1J6			
	City, State and Zip Code			
dien.liu@g	gmail.com			
Е-та	il address: (to be used for future annual re	port notification)		
For furth	er information concerning this mat	ter, please call:		
Dien Liu		at (514	629-0254	
N	lame of Contact Person	Area Code an	d Daytime Telephone Number	
Enclosed	is a \$35.00 check made payable to	the Florida Dep	partment of State.	
Mailing .	Address:	Street 2	Address:	
Registrat	ion Section	Registration Section		
	of Corporations	Division of Corporations		
P.O. Box		The Centre of Tallahassee		
Tallahass	see, FL 32314	2415 N. Monroe Street, Suite 810		
		Tallaha	ssee, FL 32303	

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115. Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

	, MARISA	. 1981 LP				
		Name of Limited Partnership	or Limited Liabil	lity Limited Partners	hip	
	2.09/02/20	014 3.A14000004 Florida document		_{3.} A14000000449		
	Date of fil			nent number		
	4. The name of the Department of Stat	registered agent and the regi e:	istered office addi	ess as shown on the	records of the Florida	
		Chen, Jin				
			Name			
		4932 Distribu	tion Dr.			
			Address			
		Tampa, FL 33	605		Er.	
		City	y, State and Zip		YEC SEC	
	5. The name and F	lorida street address of the no	2w registered agei	nt and/or office:	22 22 22 22	
		Chen, Jin			SSE	
			Name		H _S	
		9270 Bay Plaza Blvd Ste 604 Florida street address (P.O. Box not acceptable)			***	
		Tampa		_{FL} 33619	·	
			y, State and Zip	' 		
	6. Such change(s)	is/are effective when filed by a partnership,	the Florida Depa	rtment of State.		
Marisa 1 By:	1901, L.E., a Floridatimitei Pablo 1981, L.L.C., a Flo		•			
Cy.	liability company, its Go Signature of Gener					
By: Name:	Displiping Manager 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 an accept the obligations of my position as registered agent. Signature of Registered Agent					
	Filing Fee: Certified Copy	\$35.00 (optional): \$52.50				
	ceranica coby	(optional), gozio				

2020 MAY 11 AM 9: 00