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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: TANG-CHEN 3 13 LP Name of Limited Partnership or Limited L | | |
| Name of Limited Partnership or Limited L | iability Limited Partnership | |
| DOCUMENT NUMBER: A 1800 00 00 11 | 9 | |
| The enclosed Statement of Change of Registered Office fee(s) are submitted for filing. | e and/or Registered Agent and | |
| Please return all correspondence concerning this matter | r to: | |
| ERIC TANG | | |
| Contact Person | | |
| Firm/Company | | |
| 4640 Portotino Way Apt 304 | | |
| Address | | |
| West Palm Beach FL 33409 City, State and Zip Code | | |
| City, State and Zip Code | | |
| eric @ Citenterprisesile. Com | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| ERIC TANH at (30 | 5 1928-8320 | |
| Name of Contact Person Area Co | S) 928-8320 ode and Daytime Telephone Number | |
| Enclosed is a \$35.00 check made payable to the Florida | a Department of State. | |
| | MAILING ADDRESS: | |
| - | Registration Section | |
| | Division of Corporations | |
| - | P. O. Box 6327 | |
| 2661 Executive Center Circle Tallahassee, FL 32301 | Ilahassee, FL 32314 | |

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.

| change its registered office or registered agent, or both, in the state of Florida. |
|---|
| I. TANG-CHEN 313LP |
| Name of Limited Partnership or Limited Liability Limited Partnership |
| 2. 3 2 1 201 8 Date of filing/registration in Florida 3. A 18 00 00 00 119 Florida document number |
| Date of filing/registration in Florida Florida document number |
| 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: |
| Northwest Registered Agent UC Name 7901 4th Street N. Suite 300 Address ST. Petersbury FL 33702 City. State and Zip |
| Name |
| 7901 4th Street N. Suite 300 Address St. Petersbury FL 33702 City. State and Zip |
| Address |
| ST. Petersbury H 33702 |
| City, State and Zip |
| City, State and Zip 5. The name and Florida street address of the new registered agent and/or office: |
| |
| ERIC TANG Name |
| 4640 Portofino Way Apt 304 |
| Florida street address (P.O. Box not acceptable) |
| West Palm Beach FE FL 33409 |
| City, State and Zip |
| 6. Such change(s) is/are effective when filed by the Florida Department of State. |
| |
| Signature of General Partner |
| I have been a secret the amount of the secret of a secret of the secret |
| 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 will an accept the obligations of my position as registered agent. |
| |
| Signature of Registered Agent |
| Filing Fee: \$35.00 |

Certified Copy (optional): \$52.50