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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE ABROAD INTELLECT CAPITAL, INC.

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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 corpor	92, 617,0592, 607,1598, or 617,1598, Florida Statutes ation organized under the laws of the State of <mark>Massa</mark> ce or registered agent, or both, in the State of Florida.	chusetts	;	
1. The name of i	the corporation; Abroad Intelle	ect Capital, Inc.			
2. The principal	office address; 2719 Letap Ct 5	Suite 101 Land O Lakes, FL 34638			
	iddress (if different);				
4. Date of incorp		016 Document number: F16000001462			
	I street address of the current timent of State: (If resigned, c	registered agent and registered office on file with the mer resigned)			
	REGISTERED AGENTS INC	J.			
	3030 N ROCKY POINT DR.	SUITE 150A		<del>-</del> 2	
				HAR	
6. The name and (if changed):		istered agent (if changed) and for registered office	LANASSELPLOADA	R 22	•
	Northwest Registered	Agent, LLC.		E	
	0000 N B			9:0	
	Tampa El 22607	PO Box NOLacoptable	32-7	G	
Such change wa authorized by th	ess of its registered office and be identical, as authorized by resolution da ac board, or the corporation h	I the street address of the business office of its register thy adopted by its board of directors or by an officer sats been notified in writing of the change.			
ــــــــــــــــــــــــــــــــــــــ	is of an other or director	Peng Zhang, President Printed of typed name and title			
		d agent and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as register to reflect a change in the registered office address notified in writing of this change.			
lon	Glove	03/21/18			
·	nature of Registered Agent	1).ue			
	half of an entity:				
Tom Glover	ped or Printed Name	·			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BON 6327, TALLAHASSEH, PL 32314 CR 20045 (03/12)

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