

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Change of Register Agent of Tiger Partner, LLC

Dear Sir or Madam:

This law office is retained by Tiger Partner, LLC, to file the attached form to change register agent of Tiger Partner, LLC.

Please find the following in this package:

- 1. The Statement of Change of Registered Agent for Limited Liability Company, and
- 2. A check (#403) in the amount of \$25.00 as the filing fee.

Thank you, in advance, for your time and effort to process the change.

Sincerely,

Chun-te Wu (Mark)

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-06/25/02(01013003
****35.00	****35.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the limited liability company is: <u>Tiger Partner, LLC</u>

2. The maning address of the limited liability con Suite A, Or	npanyis: 2114 Hillcrest Street, lando, FL 32803	
	and a second	·
January 3, 2002	L0200000590	

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

	Sheila	S. Lang					
	2114 Hillcr	Name est Street	, Suite A	<u>e</u> r _2 A	- 14 F		÷ <u>-</u> .
	Orlando, FL	Address 32803	· · · ·	- -			
	City, S	state and Zip			02		-
6. The name and address of	of the new registered age	ent and/or office	:	AHA	SND	Π	
	Chun-Te W	ı, Esq.	<u> </u>	ise asse	25		
_	N 2114 Hillcre	ame est Street	. Suite A	- m-	- 32 -	Π フ	
	Florida street address (
	Orlando	<u>FL</u> 32803	78	>'`		¥ —	4
	City, Sta	te and Zip					
If the limited liability comp confirmed that after the cha and the business office of t liability company, it is here the members of the limited the operating agreement of	the registered agent will by confirmed that the cl liability company or as	te, the Florida st be identical. Or lange(s) was/we otherwise provi	reet address of, in the case of	of the registe	ered office limited	_	
			<u></u>				
(Signature of a member or authorized	ed representative of a member)	<u></u>	ана на	÷., '			2
Pu Cheng Chang							
(Printed or typed name of signee)			. <u>- 21</u> 1 - 7			÷•••• <u>=</u>	-
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if this address, I hereby confirm th	tment as registered agen of all statutes relative to accept the obligations o s document is being file the limited liability c	at and agree to a the proper and f my position as d to merely refle ompany has bee	ict in this cap complete per registered ag ct a change i n notified in v	acity. I furt formance of ent as prov n the regist writing of th	her agree f my duties ided for in ered office its change	to s,	

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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FILING FEE: \$25.00