

FILED
Apr 24, 2006 8:00 am
Secretary of State

DOCUMENT # L05000034845

1. Entity Name
UPTREND MANAGEMENT LLC

Principal Place of Business	Mailing Address
4 BRIARWOOD CT WHIPPANY, NJ 07981	4 BRIARWOOD CT WHIPPANY, NJ 07981

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 04-3811712	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	
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SMALLBIZ AGENTS LLC
4244 W. TENNESSEE ST. #185
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div>FL</div> <div>Zip Code</div>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Make check payable to
Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS
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10.	ADDITIONS/CHANGES
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TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DONG, MEI	
STREET ADDRESS	4 BRIARWOOD CT	
CITY-ST-ZIP	WHIPPANY, NJ 07981	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ZHONG, JIAN	
STREET ADDRESS	4 BRIARWOOD CT	
CITY-ST-ZIP	WHIPPANY, NJ 07981	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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10.	ADDITIONS/CHANGES
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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STREET ADDRESS	
CITY - ST - ZIP	

CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JIAN ZHONG 4/10/06 9734630882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #