L05000 36445

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL , .			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



400266238154

11/10/14--01054--010 **200.00

SECRETARY OF STATE FALLAHASSEE, FLORIDA

FLED

of.He =

T. 1 EMEUX

COVER LETTER

TO: Registration Section
Division of Corporations

	Name of Lin	nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TECK S. NG		
		Name of Person	
	KLANG VALLEY GROU	JP, LLC	
		Finn/Company	
	1531 Drexel Road, #269		
		Address	
	W. Palm Beach, FL 33417		
		City/State and Zip Code	
	ng_t@bellsouth.net	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c		included,
TECK S. NG	<u> </u>	*at (561) 317-1992	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclose)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

Name of the limited liability company:	CLANG	VALLEY	GROUP	L.L.C
(a) 1531 PAEXEL	Pel dot269 (b)		
Principal office address of limited liabil (Note: MUST BE STREET ADD WES 7 PAM BE	ity company: DRESS)	Mailing a	ddress of timited liabi MAY BE POST OF	
FC. 3341	7.			2
8/31/200.			02000	86445
Date of filing/registration in F	_	Docum	ent number	
(a) WILLIAM				
Registered Agent and Registered Office shown		Dept. of State:		
70.4717		PC		
Registered Office Address (MUST BE FLO	kidasikeeiaddkess Um BRACH			
W237 P4			•	
	, _{FL} 3 <i>3</i>	417.		
				SECRE
(b)				
Enter name of NEW Registered Agent and/or	NEW Registered Office add	<u>lress</u> :		ASS.
REBECCA MA	PKEE.			SEE. OF
NEW Registered Office Address:				FL S
4 PENEREC	GE PR.			24 PER 24
<u> </u>				A
CIVIRRA BRACI	H .FL 3	3404		
				1.1 . 6
the limited liability company is not organize e change or changes are made, the Florida st	d under the laws of the regis	State of Florida, it stered office and the	is hereby confirm e business office	ned that after of the registered
ent will be identical. Or, in the case of a Flo	orida limited liability co	mpany, it is hereby	confirmed that t	he change(s)
as/were authorized by an affirmative vote of e articles of organization or the operating ag	the members of the limited l	iability company.	. 6	se provided in
No caso		TECK	SiNG	
Signature of a member or authorized representative of	a member		or typed name of sigr	nee
hereby accept the appointment as registered covisions of all statutes relative to the proper e obligations of my position as registered as merely reflect a change in the registered off this change.	l agent and agree to act cand complete perform ent as provided for in (fice address, I hereby c	in this capacity. I ance of my duties, Chapter 605, F.S. (onfirm that the limi	further agree to and I am familia Or, if this docume ted liability comp	comply with the with and accept nt is being filed any has been