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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Shunli, LLC (Name of Limit	ed Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
SUSAN Chans (Name of Person)		
Shwl:, LLC (Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
600 Turkey Lete Rel, Site 10	<u>a</u>	
Orleady FL 32819 (City/State and Zip Code)	<u> </u>	
For further information concerning this matter, please call:		
(Name of Person) at (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.

in the state of 1 tortaa.	
1. Name of the limited liability company:	i, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	orledo, FL 32819
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Good Tirke, Lde Rd, Site 102 Orlando, FL 32819
3. Date of filing/registration in Florida	LOS 060 1/6374 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
5. (a) Registered Agent and Registered Office shown of	92 :
Registered Agent:	Kaynow Lee
Registered Office Address:	0434 Cava Alta Orive, Apt 409 Orlewy, FL 32835
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Susan Chang
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6000 Troke, Lake Rd, Stite 102 Briendo, Fr. ,FL 328/9
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	reet address of the registered office and the business e case of a Florida limited liability company it is
(Signature of a member or authorized representative of a member)	The same of the sa
× Susce Chang - Manslug member (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notif	d agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby led in writing of this change.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00