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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: W.S. Chen, LLC	
(Name of Li	mited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Susar Chang (Name of Person)	
W.S. Chen, LCC (Firm/Company)	
Good Trkey Cohe Rd, Svik #	1105
City/State and Zip Code)	·
For further information concerning this matter, p	lease call:
Name of Person) at	(301) 575-005) (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 ar	nount:
\$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.

1. Name of the limited liability company: W.S. Che	N, LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	Ociento, FL 32819
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Govo Tirkey (de Rd, Sile #105 Orlende, FL 32819
5/12/06	L06000048273
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	PEI-kun Chen
Registered Office Address:	Orleado, FL 30815
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: Susan Chang
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6000 Terber Laba Rel. Suite 105 Orlando ,FL 32819
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.	t address of the registered office and the business ase of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	-
(Signature of a member or authorized representative of a member) Susa of Chang (Printed or typed name of signee)	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.

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

INHS18 (05/08)

(Signature of Registered Agent)