## L08000062546

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## COVER LETTER

Division of Corporations	
SUBJECT: HTI Consulting, L	LC.
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Wei Li	
Name of Person	<del></del>
HTI Consulting, LLC	
Firm/Company	
12555 Orange Dr. Suite	100B
Address	······································
Davie, FL 33330	
City/State and Zip Code	
wli@hticonsulting.net	
E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter	er, please call:
Wei Li	<sub>at (</sub> 954 ) 330-2379
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	g 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.

1. Name	e of the limited liability company: HTI Consulting, LLC		<u> </u>	28	
2 (a) D	Discipat affice address of limited liability assuments	13EEE Omnoo Dr. Suito 100B	3.4	₽.	
	Principal office address of limited liability company	Davie, FL 33330	33.	<del></del>	
	(Note: MUST BE STREET ADDRESS)	Davie, FL 33330	7,538	-ro-;	
			373 1.5	ا نخ	
/L \ \ \	4 12 11 02 1 12 12	10555 0 0 0 0 10 1000	· @		
(b) Mailing address of limited liability company:		12555 Orange Dr. Suite 100B	<u> </u>	₹ (	
	(Note: MAY BE POST OFFICE BOX)	Davie, FL 33330			
			<u> </u>	 	
			<b>→</b> [11]	₹	
06/25/2008	B	L08000062546			
3. Date	of filing/registration in Florida	Document number			
•	Registered Agent and Registered Office shown on tages.  Registered Agent:	he records of the Florida Dept. o	of State:		
	2				
ŀ	Registered Office Address:	13802 SW 39 ST			
		Davie, FL 33330			
		100			
. ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>				
<u>r</u>	NEW Registered Agent:	Wei Li			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		12555 Orange Dr. Suite 100B			
1	MOST DE PROMONDINGUITA MANAGE	Davie	L 33330		
confirm and the liability the men the oper	mited liability company is not organized under the la ed that after the change or changes are made, the Fle business office of the registered agent will be identi company, it is hereby confirmed that the change(s) abers of the limited liability company or as otherwise ating agreement of the limited liability company.	orida street address of the registe cal. Or, in the case of a Florida was/were authorized by an affin	ered offi- limited mative v	ote of	
I hereby comply and I an Chapter address,	typed name of signee  y accept the appointment as registered agent and as with the provisions of all statutes relative to the pro in familiar with and accept the obligations of my pos  608, F.S. Or, if this document is being filed to men if thereby confirm that the limited liability company	ree to act in this capacity. I fur per and complete performance of ition as registered agent as pro- vely reflect a change in the regis has been notified in writing of i	ther agr of my du vided foj tered off his chan	ee to ties, r in ice ige.	
Signature	of Ringistrated Agent				

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