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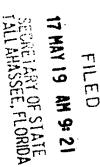
(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	SAKURA PALM COAST LL	r. SAKURA PALM COAST LLC				
DCD0.		e of Limited I	iability Company			
Dear S	ir or Madam:		·			
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	following:			
DIAN	LIANG LIN					
·	Name of Person					
SAKU	JRA PALM COAST LLC		•			
	Firm/Company					
260 (CYPRESS EDGE DRIVE STE 113					
	Address		_			
PALN	M COAST, FL 32164		•			
	City/State and Zip Code		_			
SAK	JRAPCFL@GMAIL.COM					
E	E-mail address: (to be used for future ann	ual report noti	fication)			
For fu	rther information concerning this matter,	please call:				
DIAN	LIANG LIN	646 at (915-6651			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Ro D P.	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			
INHS1	8 (2/14)					

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.

1. N	ame of the limited liability company: SAKURA PA	LM COAST LLC	
2. (a)	260 CYPRESS EDGE DRIVE STE 113	(b) 260 CY	PRESS EDGE DRIVE STE 113
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PALM COAST, FL 32164	PALM C	COAST, FL 32164
	10/08/2008	L080000	95490
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	JIN QIU LIU		_
	Registered Agent and Registered Office shown on the records of JIN QIU LIU	f the Florida Dept. of Stat	e:
	Registered Office Address (MUST BE FLORIDA STREET 260 CYPRESS EDGE DRIVE STE 113	ADDRESS)	SECOND F
	PALM COAST .FI	32164	Y 19
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	M 9: 21 OF STATE FLORIDA
	DIAN LIANG LIN		_
	NEW Registered Office Address:		
	260 CYPRESS EDGE DRIVE STE 113		-
	PALM COAST , FI	L_32164	_
the chagent was/w the art Signa I here provis the obto mer notifie	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the attree of a member or authorized representative of a member or authorized representative of a member aby accept the appointment as registered agent and agains of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change.	f the registered officiability company, it is of the limited liability company. DIAN LIANG	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in inpany. ELIN Printed or typed name of signee Again. I further agree to comply with the
Signati	ure of Registered Agent		