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COVER LETTER

Division of Corporations Advance Mech Tech LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Wei Liu Name of Person Advance Mech Tech LLC Firm/Company 14106 Lincolnshire Ct, Tampa, FL, 33626 City/State and Zip Code advancemechtech@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wei Liu 813 , 817-4955 Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

TO:

Registration Section

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: Advance Mech Tech L	LC
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y; 14106 Lincolnshire Ct, Tampa, FL 33626
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	14106 Lincolnshire Ct, Tampa, FL 33626
10/26/2011	L11000121998
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Wei Liu 53 + 23
Registered Office Address:	14642 Bournemouth Road, Tampa, FL, 33626
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	me To
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14106 Lincolnshire Ct,
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	Florida street address of the registered office stical. Or, in the case of a Florida limited sy was/were authorized by an affirmative vote of
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 plant I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ty has been notified in writing of this change.
Signature of Registered About	

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