

L12 0000 11522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600222406126

02/20/12--01018--002 **25.00

T. CLINE

FEB 21 2012

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 20 PM 1:05

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jason Christina 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:

Longzheng
Name of Person

Little Tokyo
Firm/Company

9501 Arlington Expy Fc 6
Address

Jacksonville FL 32225
City/State and Zip Code

550282588 @ QQ.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yanling Qin at (917) 828-7907
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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

2012 FEB 20 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

1. Name of the limited liability company: Jason Christina LLC
2. (a) Principal office address of limited liability company: 9501 Arlington Expy
FC 6 Jacksonville FL 32225
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 9501 Arlington Expy
FC 6 Jacksonville FL 32225
(Note: MAY BE POST OFFICE BOX)
- 1-25-2012
3. Date of filing/registration in Florida
4. Document number L 12000011522

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent:

KIM NGUYEN

Registered Office Address:

MT Design
151 - Sabal palm DR
Long Wood FL 32279

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent:

Long Zheng

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

9501 Arlington Expy FC 6
JACKSONVILLE
FL 32225

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Long Zheng
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent