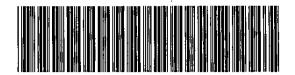
1/3000085312

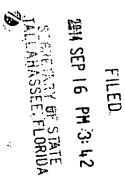
Office Use Only



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Charge

09/16/14--01015--010 **25.00



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FLORIDA DEPARTMENT OF STATE Division of Corporations

SEP 15 PM 1:59

September 3, 2014

David J. Bechtold Long Sheng Technologies 1002 S. Harbour Island Blvd #1207 Tampa, FL 33602

SUBJECT: LONG SHENG TECHNOLOGIES LLC

Ref. Number: L13000085312

We have received your document for LONG SHENG TECHNOLOGIES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The form you submitted is for a Florida profit corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 214A00018735

COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT:	ong Sher	9 7 Limited Lia	Technologies, bility Company	220
Dear Sir or Madam:			, , ,	
The enclosed Registered A	.gent/Registered Office (Change and f	ee(s) are submitted for filing.	
Please return all correspon	dence concerning this m	atter to the fo	ollowing:	
David	Becht a	918	_	
Long Sher	ng Technol	ogies	, 4C	
1002 5	rm/Company Harbour Isla Address	and B	lud. # 1207	
Tampa FL 33602 City/State and Zip Code				
	e used for future annual			
For further information concerning this matter, please call:				
David Be	 -	n (808	352 -/25 Area Code & Daytime Telepho	
STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, Flori	on rations enter Circle	Reg Divi P.O	istration Section ision of Corporations . Box 6327 ahassee, Florida 32314	
Enclosed is a che	ck for the following am	ount:		
\$25 Filing Fee		□ \$5:	5 Filing Fee & Certified Copy	
INHS18 (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

rioriaa.	7112
1. Name of the limited liability company: Long	sheng Technologies. LLC
2. (a) 1002 S. Harbour Island Bld. #120	7 (b) <u>Same</u>
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(<u>Note: MAY BE POST OFFICE BOX</u>)
Tampa FL 33602	
6/13/2013	L 130000 85312
3. Date of filing/registration in Florida	4. Document number
5. (a) United States Corporations	s Agent, ZVC
Registered Agent and Registered Office shown on the records of	
Registered Office Address (MUST BE FLORIDA STREET)	Court Suite AFFE STEE
13302 Winding Oaks Tampa, FL	COUNTY THE P
Tampa, FL	356/2 SEE 3:
	2
(b)	Office address:
David Bechtold	
NEW Registered Office Address:	A 11
1002 S Harbour Island	1 B/Vd # 120/
_	
Tampa,,FL	<u>33602</u>
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited li- was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
	KO-HUI TUNG Printed or typed name of signee
Signature of a member or authorized representative of a member	
provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I notified in grinns of this days.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Signature of Registered Agent	
Division of Corporations • P.O. 1	Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00