

(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:							





500340763445

02/14/26--01004--016 **25.00

20 FEB 14 AMII: 28

MAR 12 1020 C MCNAIR

COVER LETTER

		COVER	LETTER	ري نه
	gistration Section vision of Corporations			2076014 1411.28
SUBJECT	MEIDI REALTY, LLC			4
		Name of Limited L	iability Company	
Dear Sir or	Madam:			
The enclos	ed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.	
Please retu	rn all correspondence concernin	g this matter to the	following:	
Xiaomiao \	∕Vu			
-	Name of Person			
MEIDI REA	ALTY, LLC			
	Firm/Company			
5143 S Jol	nn Young Pkwy, Suite 431			
	Address		<u> </u>	
Orlando, F	FL 32839			
	City/State and Zip Co	de	_	
chrstnwu1	23@gmail.com			
E-ma	il address: (to be used for future	annual report noti	fication)	
For further	information concerning this ma	itter, please call:		
Xiaomiao \	∕Vu	407 at (221-9272	
	Name of Person	(Area Code & Daytime Telephone Number	
Re Di P.0	ailing Address: egistration Section vision of Corporations O. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
En	closed is a check for the follow	ving amount:		
=	\$25 Filing Fee	□ \$	55 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 Florida.

1. Na	une of the limited liability company: MEIDI REALTY	, LLC			·
2. (a)			(b)		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(=)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5143 S John Young Pkwy, Suite 431			5143 S J	ohn Young Pkwy, Suite 431
	Orlando, FL 32839			Orlando,	FL 32839
	10/15/2013		L	.13000145	5185
3.	Date of filing/registration in Florida	— 4.	_		Document number
5. (a)	Xiaomiao Wu				
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flor	ida	Dept. of Stat	e:
					20
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 4536 Cima Aly			20 FEB 14 AH 11: 28	
	Orlando	32814 L	1		- <u> </u>
(b)	Xiaomiao Wu (same as above registered agent) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			26	
	NEW Registered Office Address:				_
	5143 S John Young Pkwy, Suite 431				
	Orlando, F	32839 L)		_
change agent v was/we the arti	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the ture of a pember or authorized representative of a member	e registe iability of the l c limited	erec con imi d lia	l office an npany, it i ted liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
I here provisi the obl to mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	ree to a perfor d for it hereby	ict i mai 1 Cl	n this cap nce of my hapter 603 nfirm that	acity. I further agree to comply with the

Signature of Registered Agent