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(Requestor's Name)
(Nequestor's Name)
Address
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Zhen MJ	5.6						
SUBJECT: Zhen MJS.C Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.						
Please return all correspondence concerning this matt	er to the following:						
Zhen Cai							
Name of Person							
Firm/Company							
. This company							
5417 Paper Mill Rd							
Address							
Lake Wolth FL 33+1 City/State and Zip Code	2						
E-mail address: (to be used for future annual rep	nort notification)						
For further information concerning this matter, please	call:						
Zhen Cai	501,452-8634						
Name of Person	561 452-8634 Area Code & Daytime Telephone Number						
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 amou	nt:						
\$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	me of the limited liability company:	<u> </u>	<u> ۱۰۲۱ کی ۲</u>	- LL	<u> </u>		
2. (a)	5417 Paper Mill Rd	(b).	541	7 Page	MIIR	7	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	-	of limited liab		-
			1.1				Ŋ
	Lake Worth, FL 33463	 -	(Me	<i>いか</i> れ	FL 33	412	
	1/27/14		LI	10000	01389	2	
3.	Date of filing/registration in Florida	4.	1	Document n	umber		
5. (a)	Legal zoon						
J. (w)	Registered Agent and Registered Office shown on the records of the	he Florida D	ept. of State:				
						و سـ	3
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)				5 X	SECI
						A	りはする
						ū	
	, FL_					PK	No.
(b)	Zhen Ca!						
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ess:			58	<u> </u>
	5417 Paper Mill Rd						
	NEW Registered Office Address:						
	Lake worth FL 33+6?						
			•				
	. FL						
10.1 1		. f.t. 6			1	1 41 4	. 0
the cha	imited liability company is not organized under the law inge or changes are made, the Florida street address of	the registe	red office	and the bus	iness office	of the re	aner gistered
	vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o						
the arti	cles of organization or the operating agreement of the	limited lia	bility com	pany.		-	ica m
			ろ	110/15	ed name of sign		
	ture of a member or authorized representative of a member			Printed or typ	ed name of sign	nee	•
I here	by accept the appointment as registered agent and agre	ee to act it performar	n this capa	city. I furth	ier agree to am familiar	comply v	with the d accept
the obl to mer notified	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ly reflect a change in the registered office address, I had in writing of this change.	l for in Ch iereby con	apter 605, firm that t	F.S. Or, if he limited li	this docume ability comp	ent is bei ouny has	ng filed been
	<u> </u>						
Signatu	re of Registered Agent						