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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations					
GOLDEN SPARKLING, LLC	GOLDEN SPARKLING, LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matte	r to the following:				
XIANGYANG XIA					
Name of Person	 				
GOLDEN SPARKLING, LLC					
Firm/Company					
5600 W COLONIAL DRIVE, #306					
Address					
ORLANDO, FL 32808					
. City/State and Zip Code					
XIANGYANGXIA@ICLOUD.COM					
E-mail address: (to be used for future annual repo	ort notification)				
For further information concerning this matter, please	call:				
XIANGYANG XIA	7303937				
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				
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 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.

l. N	ame of the limited liability company: GOLDEN SF	PARKL	ING, LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5600 W COLONIAL DRIVE, #306	((b) 5600 W	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) / COLONIAL DRIVE, #306
	ORLANDO, FL 32808		ORLAN	IDO, FL 32808
	11/05/2014		L140001	72383
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	THE LAW OFFICE OF CHRISTINA BUCHA	AN, PA		
J. (u)	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(SS)</u>	_
	6996 PIAZZA GRANDE AVE., SUITE 213			至
	ORLANDO , FI	3283	5	FILED MR 19 PM
41.5	XIANGYANG XIA			金巻 の 田
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddress:	FILED MICO
	NEW Registered Office Address:			_
	5600 W COLONIAL DRIVE, #306			-
	ORLANDO, FI	3280	3	_
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the reginability of the line	istered office company, it mited liabili l liability co	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Signa	ture of a member of authorized representative of a member	<u> </u>	ANGYAN	Printed or typed name of signee
I here provis the ob to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations 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 e perfori ed for in hereby	ct in this cap nance of my Chapter 60 confirm thai	pacity. I further agree to comply with the
	V			