## 5000032274

(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:				



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Office Use Only

A. BUTLER JUN - 8 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	12000000195					
REFERENCE	:	723137 8276536					
AUTHORIZATION	:	Spelselenan					
COST LIMIT	:	\$ 25.00					
ORDER DATE : June 3, 2022							
ORDER TIME : 4:39 PM							
ORDER NO. : 723137-015							
CUSTOMER NO: 8276536							
CHANGE OF AGENT							
NAME: CHEN MEMBERS,	LL'	С					
PLEASE RETURN THE FOLLOWING AS	PR	OOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY							
XX PLAIN STAMPED COPY							

EXAMINER: \_\_\_\_\_

CONTACT PERSON: Alexxis Weiland -- EXT#

## 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	ame of the limited liability company: CHEN MEMBE	RS, LLC	_				
		(h	ı)				
_, (,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BON)				
	1395 NW 167 STREET		13 <b>9</b> 5 NW	167 STREET			
	MIAMI GARDENS, FL 33169 UN		MIAMI G	ARDENS, FL 33169 UN			
	02/20/2015		L1500003	2274			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)							
3. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	ee:			
	CHANDLER, KATHRYN						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
1395 NW 167 STREET							
	MIAMI GARDENS . FI	33169		ELIN - 7 AM 10: 58 SECHETAL AHASSES, FIL			
(b)				- Inst			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	dress:	. FAT 58			
	Corporation Service Company		_	ra S			
	NEW Registered Office Address:		_	_			
	1201 Hays Street			_			
	Tallahassee	32301		_			
change agent was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the JILL CILMI	registere ability cor of the lim limited li	d office an mpany, it is ited liabilit iability con	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in			
	ure of a member or authorized representative of a member	-		Printed or typed name of signee			
provisi the obl. to mere	by accept the appointment as registered agent and agr ins of all statutes relative to the proper and complete igations of my position as registered agent as provide ily reflect a change in the registered office address, I I in writing of this change.	performa	mce of my i	duties, and Lam familiar with and accept-			
Signatu	no co Tokuble re of Registered Agent	GRACE E	E. KIRBY,	ASST. VICE PRESIDENT			