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| (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



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FILED
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DIVISION OF COMPENSATIONS

O SIMMONS JUL 14 2017

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | | | |
|--|---|-----------------------------------|---|--------------------------------------|--|--|--|--|--|
| SUBJE | Ways Pride LLC | | | | | | | | |
| | | Name of Limited Liability Company | | | | | | | |
| Dear Si | r or Madam: | | | | | | | | |
| The enc | closed Registered Agent/Registered Off | ice Change | and fe | e(s) are submitted for filing. | | | | | |
| Please r | return all correspondence concerning th | is matter to | the fol | lowing: | | | | | |
| Shuya | o Sun | | | | | | | | |
| | Name of Person | | | | | | | | |
| Ways | Pride LLC | | | | | | | | |
| | Firm/Company | | | | | | | | |
| 25547 | Hawks Run Lane | | | | | | | | |
| | Address | | | | | | | | |
| Sorren | nto, FL. 32776 | | | | | | | | |
| | City/State and Zip Code | | | | | | | | |
| rnpwa | ve@aol.com | | | | | | | | |
| E- | mail address: (to be used for future ann | ual report no | otifica | tion) | | | | | |
| For furtl | her information concerning this matter, | please call: | | | | | | | |
| Raymo | ond N. Palmer | 407 at (| | 399-2216 | | | | | |
| | 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: | | | | | | | |
| | S25 Filing Fee | u | \$55 F | Filing Fee & Certified Copy | | | | | |
| INHSTY. | 17/14): | | | | | | | | |

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: Ways Pride LL | .C | | | |
|--|-------------------------------------|--|--|--|---|---|
| 2. (| (a) | 25547 Hawks Run Lane Sorrento FL. 32776 | | b) 25547 | Hawks Run Lane | Sorrento. FL. 327 |
| , | , , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | .~/ | Mailing address of limited | |
| | | 25547 Hawks Run Lane | | 25547 F | Hawks Run Lane | |
| | | Sorrento FLa. 32776 | - | Sorrent | o Fl. 32776 | |
| | | 7/10/2017 | | 669740 | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | |
| 5. | (a) | Ray Palmer | | | | |
| | ` ′ | Registered Agent and Registered Office shown on the records of th 25547 Hawks Run Lane | e Flori | la Dept. of Sta | te: | |
| | | Registered Office Address (MUST BE FLORIDA STREET AL | _ | | | |
| | | Sorrento | | | | 9 - |
| | | . FL | lorid | a | _ | FILED 17 JUL 13 PH 3: 58 DIVISION OF CHARGO MATIONS |
| (| b) | Shuyao Sun | | | | M OF CHARGO |
| | | Enter name of NEW Registered Agent and/or NEW Registered O | _ | | | |
| | | Shurao Sun | | 3: 5 4 | | |
| | | NEW Registered Office Address: | atoria. | ₹ ^ | | |
| | | 25547 Hawks Run Lane | | | _ | |
| | | Sorrento FL_3 | 2776 | i | _ | |
| the dager was | chai it w /we | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the liable. | he reg vility o the lir mited | istered offic ompany, it i nited liabilit liability cor | e and the business off is hereby confirmed the by company or as othe inpany. | fice of the registered at the change(s) |
| Si | gnati | are of a member or authorized representative of a member | | ymond Pa | Printed or typed name o | fsioner |
| I he prov the o to m notij | reb visio obli ere fied | y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change. | e to ac erforn for in reby c | et in this cap nance of my Chapter 602 confirm that | vacity. I finither amore | to comply with the |