11/1/2019



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Division of Corporations Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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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: CWCC 3rd	d Ll	_C		
	4F., No. 139, Zhongyi St., Shilin Dist., Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	()		Mailing address	gyi St., Shilin Dist., of limited liability company: BE POST OFFICE BOX
	Nanking E. Rd., Sec. 3	,			
	Taipei City, Taiwan 11146 TW	-	Taipei C	City, Taiwan	11146 TW
	05/13/15		L15000	084964	
3.	Date of filing/registration in Florida	4.		Document n	umber
5 ()	Mashiter, Mark				
5. (a)	Registered Agent and Registered Office shown on the records of the	e Florid	n Dept. of Sta	— te:	
(b)	728 SW Pine Island Rd				
	Registered Office Address (MUST BE FLORIDA STREET AD	DRES	<u>S)</u>		75. 69
	Suite 4				
	Cape Coral, FL 33991, FL	•			2011 NOV -1
	Registered Agents Inc.				
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ac	idress:	_	
	7901 4th St N				(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	NEW Registered Office Address			- -	
	STE 300				
	St. Petersburg, _{FL} 3	370	2		
the cha agent v was/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivil be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the liability of the liabi	he reg pility of the lin imited	istered offic company, it nited liabili	ee and the bus is hereby conf ity company o	aness office of the registered firmed that the change(s)
Sienn	ture of d member or authorized representative of a member		ey i dir	Printed or type	ed name of signed
I here, provisi the obl to meri notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change. Bill Havre - Assistant is of Registered Agent	erjori for in creby	nance of my Chapter 60 confirm tha	oacity I furth	her agree to comply with the