

L15000200438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

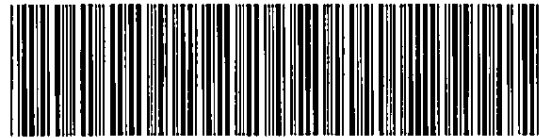
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TO: Amendment Section
Division of Corporations

SUBJECT: ProCraft Cabinetry Florida
Name of Corporation

DOCUMENT NUMBER: L15000200438

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yao Zhao

Name of Contact Person

ProCraft Cabinetry Florida

Firm/Company

1850 S. Powerline Rd. STE A-H

Address

Deerfield Beach, FL 33442

City/State and Zip Code

procraftfl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yao Zhao

Name of Contact Person

at (718) 578-6181

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2018

YAO ZHAO
PROCRAFT CABINETRY FLORIDA
1850 S. POWERLINE RD., STE A-H
DEERFIELD BEACH, FL 33442

SUBJECT: PROCRAFT CABINETRY FLORIDA, LLC
Ref. Number: L15000200438

We have received your document for PROCRAFT CABINETRY FLORIDA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 018A00019218

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TALLAHASSEE

**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. Name of the limited liability company: Procrate Cabinetry Florida, LLC
2. (a) 1850 S Pomerline Road, A-11 (b) 1850 S Pomerline Road, A-11
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Deerfield Beach, FL 33442 Deerfield Beach, FL 33442

3. 9/11/2018 4. L15000200438
Date of filing/registration in Florida Document number

5. (a) Lin, Paul Chih Yang
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1850 S. Pomerline Road, A-11
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Deerfield Beach, FL 33442

- (b) Zhao, Yao
Enter name of NEW Registered Agent and/or NEW Registered Office address:
1850 S Pomerline Road, A-11
NEW Registered Office Address:

Deerfield Beach, FL 33442

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Paul Lin Paul, Lin
Signature of a member or authorized representative of a member Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature] 9/28/2018
Signature of Registered Agent