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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | WAIT MAIL | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies C | ertificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|---|---|---------------------------------------|--------------------------------|--|--|
| SUBJI | | · · · · · · · · · · · · · · · · · · · | | | |
| | Name of Limi | d Liability Company | | | |
| Dear S | Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| | Tae Shin | | | | |
| | Name of Person | | | | |
| | Shin Law Firm, P.A. | | | | |
| | Firm/Company | | | | |
| | 201 E. Pine St., Suite 320 | | | | |
| | Address | | | | |
| | Orlando/ FL 32801 | | | | |
| | City/State and Zip Code | | | | |
| | tshin@shinlawgp.com | | | | |
| E | E-mail address: (to be used for future annual report | otification) | | | |
| For fur | rther information concerning this matter, please ca | : | | | |
| | Tae Shin at (at (| 07) 730-78 | 314 sytime Telephone Number | | |
| | Name of Leison | Area code & Di | symme retephone remoet | | |
| | STREET/COURIER ADDRESS: | MAILING ADDRE | SS: | | |
| | Registration Section Registration Section Division of Corporations Division of Corporations | | | | |
| | Clifton Building P.O. Box 6327 | | | | |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida | 32314 | | |
| | Enclosed is a check for the following amount: | | | | |
| | \$25 Filing Fee | \$55 Filing Fee & Ce | rtified Copy | | |
| INHS18 | 8 (2/14) | | | | |

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.

| ı) _ | 7680 UNIVERSAL BLVD. | | ECONTRITION OF A DEVIN |
|--------------------------------|---|--|--|
| ·, - | | (b) | 7680 UNIVERSAL BLVD. |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | SUITE 198 | | SUITE 198 |
| | ORLANDO, FL 32819 | | ORLANDO, FL 32819 |
| | 05/03/2016 | | L16000086725 |
| | Date of filing/registration in Florida | 4. | Document number |
| a) | Tae Shin | | |
| | Registered Agent and Registered Office shown on the records of the | he Florida Dept | . of State: |
| | 7680 Universal Blvd., | | # - |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | |
| | Suite 198 | | |
| | Orlando , FL | 32819 | |
|) _ | Tae Shin | | |
| - | Enter name of NEW Registered Agent and/or NEW Registered 6 | Office address: | |
| | 201 E. Pine St., | | |
| | NEW Registered Office Address: | | |
| | Suite 320 | | |
| | | | |
| | Orlando ,FL | 32801 | |
| har t w we: | nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of | the registered bility compar f the limited l | d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in |
| | | TAE | Printed or typed name of signee |
| reb sid bli ere ed | y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change. | | |
| | lii har www.ertic | ORLANDO, FL 32819 05/03/2016 Date of filing/registration in Florida Tae Shin Registered Agent and Registered Office shown on the records of the Total Tae Shin and Tae Shi | ORLANDO, FL 32819 05/03/2016 Date of filing/registration in Florida 4. Tae Shin Registered Agent and Registered Office shown on the records of the Florida Dept 7680 Universal Blvd., Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 198 Orlando ,FL 32819 Tae Shin Enter name of NEW Registered Agent and/or NEW Registered Office address: 201 E. Pine St., NEW Registered Office Address: Suite 320 Orlando ,FL 32801 elimited liability company is not organized under the laws of the State hange or changes are made, the Florida street address of the registered will be identical. Or, in the case of a Florida limited liability companyere authorized by an affirmative vote of the members of the limited ricles of organization or the operating agreement of the limited liability companyers and the operating agreement of the limited liability companyers and the operating agreement of the limited liability companyers and the operating agreement of the limited liability companyers and the operating agreement of the limited liability companyers of all statutes relative to the proper and complete performance biligations of my position as registered agent as provided for in Chapter and the registered office address, I hereby confirmed in writing of this change. |