110000 218944

(Requestor's Name)	_
(Address)	_
(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:	

Office Use Only



000322238020

12/28/18--01007--009 ++25.08

S TALLENT JAN 1 0 2019



RM. CA

COVER LETTER

то:	Registration Section Division of Corporations									
SUBJI	INVINCIBLE MAGNET & S'	YSTEN	/ LLC							
	Name of Limited Liability Company									
Dear S	ir or Madam:									
The en	closed Registered Agent/Registered Off	ice Cha	nge and	d fee(s) are submitted for filing.						
Please	return all correspondence concerning th	is matte	r to the	e following:						
XIAO	BO WU									
	Name of Person									
INVIN	ICIBLE MAGNET & SYSTEM LLC	2								
	Firm/Company									
15656	STARLING WATER DR.									
	Address									
LITHI	A, FL 33547									
	City/State and Zip Code	-								
xiaob	owu@yahoo.com									
E	-mail address: (to be used for future and	ual rep	ort noti	fication)						
For fur	ther information concerning this matter.	please	call:							
XIAC	DBO WU	at (813	241-7290						
	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		Re Di P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314						
	Enclosed is a check for the following	amour	ıt:							
	☑ \$25 Filing Fee		Q \$	555 Filing Fee & Certified Copy						

INHS18 (2/14)

, STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comp submits the following statement in order to change its registered office or registered agent, or both, in the State

	ame of the limited liability company:	3OX 25, LIT	X 25, LITHIA, FL 33547			
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	LITHIA, FL 33547					
	12/2/2016		L16000	218944		
i.	Date of filing/registration in Florida	4.		Document	number	
5. (a)	LEGALINC CORPORATE SERVICES, INC.					
	Registered Agent and Registered Office shown on the records of to 5237 SUMMERLIN COMMONS	itate:				
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 400					
	FORT MYERS, FL	33907 S				
	XIAOBO WU		PM 1: 30			
	Enter name of NEW Registered Agent and/or NEW Registered		30			
	15656 STARLING WATER DR.					
	NEW Registered Office Address:					
	LITHIA .FL	3354	7	_		
he cha igent v vas/w	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regability of the lin	istered off company, i mited liabi liability c	Tice and the buit is hereby con ility company of company.	isiness office of the register infirmed that the change(s)	
<u> </u>	255		XIAOBO			
Signa	ture of a member or authorized representative of a member			Printed or ty	ped name of signee	

DI. 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 of Registered Agent