L17000135588

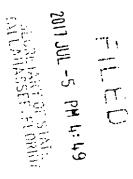
| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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400300694354

HANGE TARRETTE TO BE WELLER



K SALY JUL 1 0 2017

COVER LETTER

| TO: | | stration Section sion of Corporations | | | | | | | |
|---|--------------|--|---|------------|--------------------------------------|--|--|--|--|
| SUBJE | cer. | . ACI SERVICES, MIAMI, LLC | | | | | | | |
| SOBSE | c. | Name of Limited Liability Company | | | | | | | |
| Dear S | ir or N | Andam: | | | | | | | |
| The en | closed | Registered Agent/Registered Office | Char | nge and f | ec(s) are submitted for filing. | | | | |
| Please | return | all correspondence concerning this n | natte | r to the f | ollowing: | | | | |
| HUIY | ING ' | WANG | | | | | | | |
| * | | Name of Person - | | - 4 | _ | | | | |
| ACI S | SERV | ICES, MIAMI, LLC | | | | | | | |
| | | Firm/Company | | | _ | | | | |
| 3901, | /IAM | N ST STE 403 | | | | | | | |
| | | Address | | | _ | | | | |
| FLUS | SHING | G, NY 11354 | | | | | | | |
| | | City/State and Zip Code | | | _ | | | | |
| MAG | GIE | PRUDENTCPA.COM | | | | | | | |
| E | -mail | address: (to be used for future annua | repo | ort notifi | cation) | | | | |
| For fur | rther ii | nformation concerning this matter, ple | ease | call: | | | | | |
| HUIY | 'ING ' | WANG | at (| 929 | 6669800 | | | | |
| | | Name of Person | αι <u>'</u> _ | | Area Code & Daytime Telephone Number | | | | |
| Registration Division of (Clifton Built 2661 Execut | | EET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | | |
| | Enc | closed is a check for the following amount: | | | | | | | |
| | 2 \$1 | 25 Filing Fee | S55 Filing Fee & Certified Copy | | | | | | |
| INHSL | 8 (2/14 | 1) | | | | | | | |

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. N | ame of the limited liability company: ACI SERVICE | ±S, MI <i>F</i> | | | | |
|----------------------------|---|--|---|--|--|--|
| 2. (a) | 9848 CORAL WAY, MIAMI FL 33165 | (t | (b) 3901 MAIN ST STE 403 | | | |
| , , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | | | FLUSHING NY 11354 | | | |
| | 6/22/2017 | _ | L17000135588 | | | |
| 3. | Date of filing/registration in Florida | 4, | | Document number | | |
| 5. (a) | REGISTERED AGENTS INC. | | | | | |
| (b) | Registered Agent and Registered Office shown on the records of | e: | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) 3030 N ROCKY POINT DR STE 150A | <u> 4DDRES:</u> | <u>S)</u> | 201 | | |
| | TAMPA FL | 33607 | | なると | | |
| | HUIYING WANG | E-5 P | | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | 2011 JUL-5 PH 4: 49 TANKAHASSET, FT OPIO | | | | |
| | NEW Registered Office Address: | _ | | 5. | | |
| | 9848 CORAL WAY | | | - | | |
| | MIAMI [*] FI. | 33165 | · • | _ | | |
| the chagent was/w | limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | the regi ability of of the lin | istered offic ompany, it i nited liabili | e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in | | |
| Mi | | HL | JIYING W. | ANG | | |
| Sign | ature of a member or authorized representative of a member | | | Printed or typed name of signee | | |
| provis the ob to met | rby accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. It is writing of this change. | ree to ac perforn d for in hereby c | t in this cap sance of my Chapter 60, confirm that | acity. I further agree to comply with the duties, and I am familiar with and accep 5. F.S. Or, if this document is being filed the limited liability company has been | | |
| /1 / 1 | | | | | | |
| Signat | ure of Registered Agent | | | | | |