## 117000/65521

(Requestor's Name)				
(Address)	<del></del>			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
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## COVER LETTER

	Registration Section Division of Corporations	· .· <u>-</u>		
SUBJE	CT: Shining yoe Culture Name	of Limited Liability Company		
Dear Sir	r or Madam:			
The enc	losed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
Jord	Name of Person			
Shi	ning yee Culture LL Firm/Company	<u>.C.</u>		
69	20 Society Dr. Address			
Tar	rpa F.L. 3361- City/State and Zip Code	7		
Jong	mail address: (to be used for future annua	d report notification)		
For furt	her information concerning this matter, pl	lease call:		
Jord	Name of Person	at (813 ) 403 – 4675 Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

INHS18 (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 605.01 submits the following statement in order to change its r Florida.	6, Florida Statutes, the undersign egistered office or registered ago	ied limited liability company ent, or both, in the State of
1. Name of the limited liability company: Shining	1ce Lutture LLC.	
2. (a) 6920 Siciety Dr.	(b) Gazo Socie	to Dr.
Principal office address of limited liability company:	Mailing address	s of limited liability company:
( <u>Note: MUST BE STREET ADDRESS</u> )	( <u>Note: MA)</u>	<u>' BE POST OFFICE BOX</u> )
<u>api, 6</u>	april b	
Jampo J.J. 33617	Jamper J.L.	33617
08/03/20[7  Date of filing/registration in Florida	4. L1700016	55 2 \
	Corp. Agents	
5. (a) Neyenne Moceley U.S.  Registered Agent and Registered Office shown on the records of the control of the		
13302 Winding Oak Coupt		
Registered Office Address (MUST BE FLORIDA STREE	(ADDRESS)	
United States Corporation agents.	Inc	,
Tilmion	L 33612	<b>SE</b>
	L	SICARE I
(b) Jordan Prodon		62
Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	S
\$ 6920 Societydr.		SEE
NEW Registered Office Address:		- 36 - 36
Apl. 6		
Tampa.	ı 33617	
If the limited liability company is not organized under the the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the	aws of the State of Florida, it is he of the registered office and the bus liability company, it is hereby con of the limited liability company e limited liability company	siness office of the registered afirmed that the change(s) or as otherwise provided in
VSignature of a member or authorized representative of a member	Jovdan Protor Printed or typ	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple the obligations of my position as registered agent as provid to merely reflect a change in the registered office address, notified in writing of this change.	gree to act in this capacity. I jurifie performance of my duties, and I led for in Chapter 605, F.S. Or, if I hereby confirm that the limited I	ter agree to compty with the 'am familiar with and accept 'this document is being filed iability company has been
Signature of Registered Agent		