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PICK-UP	WAIT	MAIL
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COVER LETTER

:

\$25 Filing Fee

INHS18 (2/14)

TO: Registration Section Division of Corporations
SUBJECT: Xia Investment LLC Name of Limited Liability Company
Dear 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:
Michael Conzalez Name of Person
Perez - Menat Conzalec, LCe Firm/Company
626) Bird Road
City/State/and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Ganzalez at 305, 436-6016
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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursua submit. Florida	nt to the provisions of sections 605.011+ s the following statement in order to c ı.	hange its regi	istered a	office or reg	gistere	ed agent, or b	oth, in the .	State c
1. Na	me of the limited liability company:	Xia		TUNG	25	ment	, LC	<u> </u>
2. (a)			_ (b)				
	Principal office address of limited liabilit (Note: MUST BE STREET ADD)		_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
3.	Date of filing/registration in Flo		- 4,			nent number		
5. (a)	Liang Qin Dor	19		 -				
	Registered Agent and Registered Office shown or	n-tife records of th	e Florida	Dept. of State:	:			
	Registered Office Address (MUST BE FLOR	IDA STREET AI	DDRESS)					
	10966 NW 5	•		•				
		· · · · · ·	•		2			
	VOTEM	, FL_		33/78	\$	<i>;</i> ·	=	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>						W 11 9NV.	
	Michael Conzalez/ NEW Registered Office Address: 6267 Bird Ro.	10 22-1	yr(eV)0	1 d Ga	170	lez / (2)	## ()	: ••
	6267 Bird Ro	ad		<u>-</u>		ZON	64	
	Miani	, FL_	3:	3155				
he char gent w vas/we he artic	mited liability company is not organized age or changes are made, the Florida streill be identical. Or, in the case of a Florice authorized by an affirmative vote of the less of organization or the operating agree of a member or authorized representative of a second companies.	et address of the dalimited liable members of the li	he regist vility cou the limi	ered office npany, it is ted liability ability comp	and thereb comp pany.	ne business offi v confirmed tha	ce of the reg at the change wise provide	gistere: e(s)
l hereb provision he obli o mereb otified	y accept the appointment as registered a ons of all statutes relative to the proper a gations of my position as registered agen ly reflect a change in the registered offic- in Ariang offinis change.		erforma for in Ca reby coa	in this capae nce of my di hapter 605, nfirm that th	city. I uties. F.S. (he lim	further agree and I am famil Or, if this docu ited liability co		ith the accep g filea been