

L17000207531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

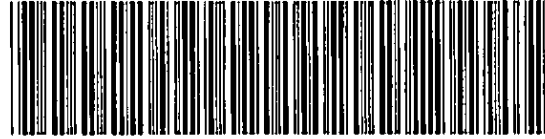
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TALLAHASSEE, FLORIDA

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OCT -4 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2018

LIANG ZHANG
195 S WESTMONTE DR, STE. 1106
ALTAMONTE SPRINGS, FL 32714

SUBJECT: NEW XIN YUAN LLC
Ref. Number: L17000207531

We have received your document for NEW XIN YUAN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 718A00020024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW XIN YUAN 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:

ZHANG, LIANG

Name of Person

Firm/Company

195 S WESTMONTE DR SUITE 1106

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZHANG, LIANG

813

567-6020

Name of Person

at (

) _____
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

**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. Name of the limited liability company: NEW XIN YUAN LLC

| | |
|---|---|
| 2. (a) _____ Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>195 S WESTMONTE DR SUITE 1106</u> <u>ALTAMONTE SPRINGS, FL 32714</u> | (b) _____ Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>195 S WESTMONTE DR SUITE 1106</u> <u>ALTAMONTE SPRINGS, FL 32714</u> |
|---|---|

| | |
|--|---|
| 3. <u>10/06/2017</u> Date of filing/registration in Florida | 4. <u>L17000207531</u> Document number |
|--|---|


5. (a) HU, GUIQIN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
195 S WESTMONTE DR SUITE 1106
ALTAMONTE SPRINGS, FL 32714

(b) ZHANG, LIANG
Enter name of NEW Registered Agent and/or NEW Registered Office address.

NEW Registered Office Address:
195 S WESTMONTE DR SUITE 1106
ALTAMONTE SPRINGS, FL 32714

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

| | |
|--|--|
|  _____ Signature of a member or authorized representative of a member | <u>LIANG ZHANG</u> _____ Printed or typed name of signer |
|--|--|

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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.

HU GUI QIN

Signature of Registered Agent

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STATE
TALLAHASSEE, FLORIDA