117000217560

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

	egistration Section ivision of Corporations	, t	•		
SUBJEC	FXII T:				
	Name of Limited Liability Company				
Dear Sir o	or Madam:				
The enclo	sed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.		
Please ret	urn all correspondence concerning th	nis matter to	the following:		
Xi Liu					
	Name of Person		<u>-</u>		
FXII					
	Firm/Company				
8150 Lu	dington Circle				
	Address				
Orlando	, FL 32836				
	City/State and Zip Code				
liuxifnhk	@gmail.com				
E-m	ail address: (to be used for future and	nual report n	otification)		
For furthe	er information concerning this matter	, please call:			
Kerry H	uang	407	8838948		
	Name of Person		Area Code & Daytime Telephone Number		
S	TREET/COURIER ADDRESS:		MAILING ADDRESS:		
	egistration Section		Registration Section		
	ivision of Corporations		Division of Corporations		
	lifton Building		P.O. Box 6327		
	661 Executive Center Circle allahassee, Florida 32301		Tallahassee, Florida 32314		
E	nclosed is a check for the following	g amount:			
d	\$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.

i. Na	me of the limited liability company: FXII		
2. (a)	8150 Ludington Cir, Orlando, FL 32836	(b)	8150 Ludington Cir, Orlando, FL 32836
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	``.	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/27/2017		17000217560
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Kerry Huang		
	Registered Agent and Registered Office shown on the records of		ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 1506 bluewater run	<u>ADDRESS)</u>	三三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
	chuluota , FL	32766	
(b)	Xi Liu		LE D
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	ess:
	8150 Ludington Cir		30
	NEW Registered Office Address:		
	Orlando	32836	
he changent vas/wehe arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member oby accept the appointment as registered agent and aground one of all statutes relative to the proper and complete igations of my position as registered agent as provide ally reflect a change in the registered office address, I in writing of this change.	the register ability composite limited lia	ered office and the business office of the registere apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company. Printed or typed name of signee