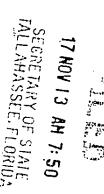
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Office Use Only

COVER LETTER

то:	Registration Section Division of Corporations							
SUBJE	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please	return all correspondence concerning this matter to the following:							
	QUAN TRAN Name of Person							
	Firm/Company							
	5943 BEACONPARK ST Address							
	-ITHIA FL 33547 City/State and Zip Code							
	UAND TRAN © GMAIL. COM E-mail address: (to be used for future annual report notification) There information concerning this matter, please call:							
	QUAN TRAN at (727) 600 3968							
	Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 P.O. Box 6327 Tallahassee, Florida 32301 Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32301							
	Enclosed is a check for the following amount:							
	□ \$25 Filing Fee & Certified Copy							
INHSI	8 (2/14)							

STATEMEN'T 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. Na	me of the limited liability company:	4N &	NGUY	/EN			
2 (a)	3503 W LEONA ST	(b)	70	Bar	1011	6	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) PO Box 10116 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	TAMPA, FL 33629		TAM	1 <i>PA</i>	FL.	<i>33</i>	679
	10/20/2017			17000	217	77,	P
3.	Date of filing/registration in Florida	4.		Document	number		
5. (a)	UNITED STATES CORP AGENT Registered Agent and Registered Office shown on the records of the 13302 W/IND ING OAK CO Registered Office Address (MUST BE FLORIDA STREET A	OURT -			IĀVI SEC	17.	
(b)	TAMPA ,FL				TRETARY OF AHASSEE.	Z-NOV 13 AM	Comments of the second
,	Enter name of NEW Registered Agent and/or NEW Registered (5943 BEA CONPARK ST NEW Registered Office Address:		STATE FLORIUA				
	LI THIA, FL	335	547				
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registe bility con f the limit	ered office ipany, it is ed liability	e and the bu s hereby co y company	isiness offi nfirmed tha	ce of t at the	the registered change(s)
			Q	VAN 7 Printed or ty	RANI		
Signa	ture of a mounder or authorized representative of a member	 		Printed or ty	ped name of	signee	
provisi the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	ee to act in performan I for in Ch pereby con	n this cape ice of my e iapter 605 ifirm that	acity. I fur duties, and i, F.S. Or, the limited	ther agree I am famil if this docu liability co	to con iar wi iment i inpan	nply with the th and accept is being filed y has been
Signatu	rre of Registered Agent						