L18 000 129394

(F.	Requestor's Name)		
(Address)			
(Address)			
(C	City/State/Zip/Phone	:#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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6/12/20

COVER LETTER :

TO:	Registration Section Division of Corporations		
CHD I	SWEETS ESSENTIAL COMPA	INY	
SUBJECT: Name of Limited Liability Company			
Dear S	ir or Madam:		
The er	nclosed Registered Agent/Registered	Office Change an	nd fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to th	e following:
ZEPIN	ig wu		
	Name of Person		
SWEE	TS ESSENTIAL COMPANY		
	Firm/Company		
144 M	aiden Terrace		
	Address		
PONT	E VEDRA, FL 32081		
	City/State and Zip Coo	de	
sweets	wzp@gmail.com		
<u>_</u>	E-mail address: (to be used for future	annual report not	ification)
For fu	rther information concerning this ma	tter, please call:	
ZEPIN	kG W U	904 at (2937668
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving 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:	S ESSENTIAL COMPANY LLC
144 Maiden Terrace, Ponte Vedra, FL 32081	144 Maiden Terrace, Ponte Vedra, FL 32081
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS) 144 Maiden Terrace	pany: Mailing address of limited liability company:
Ponte Vedra, FL 32081	Ponte Vedra, FL 32081
05/23/2018	L18000129394
3. Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC. 5. (a)	4. Document number
5. (a) Registered Agent and Registered Office shown on the LEGALINC CORPORATE SERVICES INC.	records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)
5237 SUMMERLIN COMMONS	202 ALI
SUITE 400 FORT MYERS	33907 AAY 2
ZEPING WU (b)	m ^c .
Enter name of NEW Registered Agent and/or NEW	
ZEPING WU	7: 55
NEW Registered Office Address:	
144 Maiden Terrace	
Ponte Vedra	32081 FL
change or changes are made, the Florida street addressent will be identical. Or, in the case of a Florida I	er the laws of the State of Florida, it is hereby confirmed that after the iss of the registered office and the business office of the registered imited liability company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise provided in not of the limited liability company. ZEPING WU
Signature of a member of authorized representative of a mem	ber Printed or typed name of signee
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and a the obligations of my position as registered agent as to merely reflect a change in the registered office adnotified in writing of this change.	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and accept provided for in Chapter 605, F.S. Or, if this document is being filed dress, I hereby confirm that the limited liability company has been
Signature of Registered Agen	
	s• P.O. Box 6327• Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)