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## COVER LETTER

TO:

INHS18 (2/14)

Registration Section

**Division of Corporations** XINCHENG INVESTMENT CONSULTING MANAGEMENT, LLC SUBJECT: \_ 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: **KAYAN CHOW** Name of Person KAYAN INTERPRETING N CONSULTING Firm/Company 1904A W COLONIAL DR Address ORLANDO FL 32804 City/State and Zip Code KAYANINTERPRETINGNCONSULTING@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KAYAN CHOW 3354927 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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

l. Na	ame of the limited liability company:	XINCHENG INV	ESTMENT C	CONSULTING MA	ANAGEI	MENT, LLC	
2. (a)	12995ANATARCEOINT BLAID	1904A W Colone	1904A	W COLONIAL D	R		
2. (,	Principal office address of limited li (Note: MUST BE STREET)	ability company;	· (0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	NO INDERNATIONAL SALES	Orlando FL 32	804 ORLAN	NDO, FL 32804			
						·	
	05/25/2018		L18000	131598			
3.	Date of filing/registration i	n Florida -	4.	Document number	r		
5. (a)	INCORP SERVICES, INC						
J. (11)	Registered Agent and Registered Office sho	wn on the records of the l	Florida Dept. of St	ate:			
	17888 67TH COURT NORTH	l					
	Registered Office Address (MUST BE I	FLORIDA STREET ADD	ORESS)	— —			
				_	19 SEC		
	LOXAHATCHEE	<sub>E1</sub> 33	470			71	
		, , , L			JUN -3		
(b)	KAYAN INTERPRETING N C	ONSULTING SEF	RVICES INC			m	
	Enter name of <u>NEW Registered Agent</u> and	/or NEW Registered Off	ice address:	0.T.	ريّا 13 انگ	O	
	1904A W COLONIAL DR			AD.	େ ଖ		
	NEW Registered Office Address:						
	ORLANDO	FL_32	804	_			
		, FL					
the cha agent v was/wo the art	imited liability company is not organing or changes are made, the Florida will be identical. Or, in the case of a cre authorized by an affirmative vote icles of organization or the operating ture of a member or authorized representative	a street address of the Florida limited liabil of the members of th agreement of the lim	registered offi ity company, it ie limited liabil iited liability co	ice and the business of t is hereby confirmed lity company or as ot	office of that the	he registered change(s)	
Signa	ture of a member or authorized representative	of a member		Printed or typed name	e of signee		
provisi the obj to mer	hy accept the appointment as registe ions of all statutes relative to the proligations of my position as registered elyreffect a change in the registered d in writing of this change.	red agent and agree t per and complete per agent as provided fo office address, I here	to act in this ca formance of m or in Chapter 60 eby confirm tha	ipacity. I further agr y duties, and I am fai 05, F.S. Or, if this d ut the limited liability	ree to con miliar wit ocument i compan	iply with the h and accept s being filed v has been	
Signatu	re of Registered Agent						