## L18000 161798

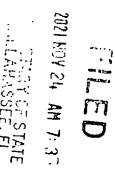
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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## COVER LETTER

	istration Section sion of Corporations	y.
SUBJECT:	Weng Enterprise, LLC	
SOBJECT.		Liability Company
Dear Sir or M	Madam:	
The enclosed	d Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the	ne following:
Danielle Hos	ey Weng	
	Name of Person	
Weng Enterp	rise, LLC	
	Firm/Company	
11705 Boyett	te Road, Suite 584	
	Address	
Riverview, F	L 33569	
-	City/State and Zip Code	<del></del>
danielleweng	@yahoo.com	
E-mail	address: (to be used for future annual report no	tification)
For further in	nformation concerning this matter, please call:	
Danielle Wer	703 at (	8624306
•••	Name of Person	Area Code & Daytime Telephone Number
Reg Divi P.O.	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	losed is a check for the following amount:	
<b>□</b> \$.	25 Filing Fee 7	\$55 Filing Fee & Certified Copy
INHS18 (2/14	()	

## 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.	Na	ame of the limited liability company: Weng Enterprise, I	LLC			St.,
2. (	a)	11410 Sand Stone Rock Drive		(b)	11705 Bo	yette Road
(	,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<b>-</b>	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Riverview, FL 33569			Suite 584	
			_		Riverview	, FL 33569
		Jan 13, 202 i		l.	,18000161	798
3.		Date of filing/registration in Florida	4.			Document number
5. (	(a)	Weng. Danielle H				
٠. ,	(11)	Registered Agent and Registered Office shown on the records of the 11410 Sand Stone Rock Drive	he Flori	da I	Dept. of Stat	te:
		Registered Office Address	DDRE.	<u>5.5)</u>		_
						2.7
		Riverview	33569			2021 HOV 24 AM 7: 3T LAHASSEE, FL
(b)	, FL_					
	b)	Weng, Kai Donje			24	
(-)		Enter name of NEW Registered Agent and/or NEW Registered Office address:			SSC F	
						IS ST
		NTW D. Co., 1700°, A.H.				- FLE
		NEW Registered Office Address:				•••
						_
		FL_				_
char ager was	ige il v /we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility ( f the li	red con mit	office an pany, it is ed liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
]		c I	Da	mie	lle Hosey	
,	_	ure of a member or authorized representative of a member				Printed or typed name of signee
prov the e to m noti	risio obli ere fiec	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	ve to ac perform for in erchy	vt in nar Ch con	n this cape we of my capter 605 firm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been

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