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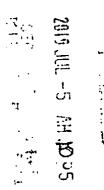
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☐ PICK-UP	☐ WAIT	MAIL		
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Special Instructions to	Filing Officer:			
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Office Use Only



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COVER LETTER

INHS18 (2/14)

	Registration Section Division of Corporations			
SUBJE	CT: WANDERING ONE STU Name of I	D105 Limited Liability Company		
Dear Sir	r or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please r	eturn all correspondence concerning this mat	ter to the following:		
<u> </u>	ABEN FLORES Name of Person			
1AW_	4DERING ONE STUDIOS Firm/Company			
110	Scotland Vard Boulevard Address			
SI.	Johns, FL 32259 City/State and Zip Code			
<u>luand</u> E-	eringone studios egmail. com mail address: (to be used for future annual re	port notification)		
For furtl	her information concerning this matter, pleas	e call:		
Rus	3EN FLOGS at ((904) 672-5511 Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	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 FC LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1.	Na	me of the limited liability company: <u>WAN DEPING ONE STU</u>	01.05
2. ((a)	179 Scotland Yard Boulevard (b) 179 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Scotland Yard Boulevard Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Saint Johns, FL 32259 Saint	- Johns, FL 32259
1			3000 169 599
3.		Date of filing/registration in Florida 4.	Document number
5.	(a)	United States Corporation Agents, Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of States 13302 Winding Oak Court Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		Tampa , FL 33612	
(b)	PUBEN FLORES	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:	- b []
		179 Scotland Yard Boulevard	
		NEW Registered Office Address:	
		St. Johns .FL 32259	_
the dager was	chai it w /wei	mited liability company is not organized under the laws of the State of Finge or changes are made, the Florida street address of the registered official be identical. Or, in the case of a Florida limited liability company, it re authorized by an affirmative vote of the members of the limited liabilities of organization or the operating agreement of the limited liability contains a second organization.	re and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Sid	Znati	ire of a member or authorized representative of a member	NCOIN Flores, Tr. Printed or typed name of signee
I he prov the o	reb visic obli ere	y accept the appointment as registered agent and agree to act in this cap ins of all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 60 by reflect a change in the registered office address, I hereby confirm that in writing of this change	pacity. I further agree to comply with th

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00