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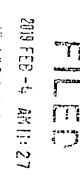
(Requestor's Name)
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OFFILL TOP

COVER LETTER

TO: Registration Section Division of Corporations				
YONG JIU LLC				
· · · · · · · · · · · · · · · · · · ·	ne of Limited L	iability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filin	ıg.	
Please return all correspondence concerning th	is matter to the	following:		
KEVIN SEA				
Name of Person				
C.K. SEA & CO., LLC				
Firm/Company				
15 DIVISION STREET 2 FLOOR				
Address	.	_	(1) En (2)	
NEW YORK, NY 10002			200 En	
City/State and Zip Code			10 to	
DKI.INC@GMAIL.COM				
E-mail address: (to be used for future and	ual report notif	ication)		
For further information concerning this matter,	please call:			
KEVIN SEA	917 at (650-8881		
Name of Person		Area Code & Daytime Tel	ephone 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			
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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address	of limited liability company: BE POST OFFICE BOX)
	JAN. 11, 2019	 	19000012994	
3.	Date of filing/registration in Florida WANG, BRAD	4.	Document n	umber
5. (a)	Registered Agent and Registered Office shown on the records of 9400 ATLANTIC AVENUE, STE 60, Registered Office Address (MUST BE FLORIDA STREET)		ept. of State:	
	JACKSONVILLE , F	32225		
(b)	HUANG, BRAD			
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addre	<u></u>	CO seem
	9400 ATLANTIC BLVD, STE60			
	NEW Registered Office Address:			MII: 27
	JACKSONVILLE	_L 32225		3.7.
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an aftirmative vote of the members cles of organization or the operating agreement of the function of the diameter of an authorized representative of a member by accept the appointment as registered agent and a	of the registe liability comes of the limited lia HUAI	red office and the bus pany, it is hereby con ed liability company o bility company. NG, BRAD Printed or typ	siness office of the registered firmed that the change(s) or as otherwise provided in sed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple igations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	igree to act in te performan ded for in Ch I hereby con	this capacity: I furth	her acree to comply with t

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