N9000247352

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SECRETARY OF STATE

2022 OCT 24 PH 4:

COVER LETTER

то:	Registration Section
	Division of Corporations

	LUCKY Q SPA LLC				
SUBJECT: Name of Limited 1	Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and	d fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the	e following:				
VINCENT HUANG CPA					
Name of Person					
VINCENT HUANG CPA P.C.					
Firm/Company					
758 58TH ST STE B5					
Address					
BROOKLYN NY 11220					
City/State and Zip Code					
MAS2CPA@GMAIL.COM					
E-mail address: (to be used for future annual report not	ification)				
For further information concerning this matter, please call:					
VINCENT HUANG CPA 347	295-0008				
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 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.

1. Na	ame of the limited liability company:LUCK	Y Q SPA LLC			_		
2. (a)	3225 NW 13TH ST, GAINSVILLE FL 32609	(b) 31	(b) 3225 NW 13TH ST, GAINSVILLE FL 32609				
s. (u)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	10/01/2019	L19	0000247352				
3.	Date of filing/registration in Florida	4.	Document number	r, .		•	
5. (a)		<u> </u>					
	Registered Agent and Registered Office shown on the record	ds of the Florida Dep	or, of State:				
	SUN, BO	<u>.</u>					
	Registered Office Address (MUST BE FLORIDA STRI	<u>EET ADDRESS)</u>					
	3225 NW 13TH ST			ના <u>ના</u> જુ	7027		
	GAINSVILLE	_, FL		SCREEN !) () ()		
				RETARY	7022 OCT 24	स्थारकारण पुरस्कारण	
(b)	Enter name of NEW Registered Agent and/or NEW Regis	tered Office addres		~ ~ <		7	
	Effect fame of NEW Registered Agent and on 1920 Regis	tered villeg address	2.	105 105 105	PH I	matetra Name	
	HUANG, YAN QIU			141	. 		
	NEW Registered Office Address:			三	σ		
	3225 NW 13TH ST						
	GAINSVILLE	. FL ³²⁶⁰⁹					
• • • • •			to of Florida, it is horoby s	antiemed t	hat af	tor the	
change agent v was/wa	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membicles of organization or the operating agreement of	f the registered o ed liability comp ers of the limited	office and the business offic any, it is hereby confirmed Hiability company or as ot	ce of the re I that the ch therwise pr	gister rangei	ed (s)	
Signa	ture of a member or authorized representative of a member		Printed or typed name	e of signee		_	
I here provisi the obi to mer notifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as proely reflect a change in the registered office addres d in writing of this change.	l agree to act in t dete performance vided for in Chaj s, I hereby confi	his capacity. I further agr 2 of my duties, and I am far 51cr 605, F.S. Or, if this do 7m that the limited liability	ree to comp miliar with ocument is r company :	oly wii and a being has be	th the accept filed een	
X	an all 144ng	_					