

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status						
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)					
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Addroce)					
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)					
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)					
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL					
Certified Copies Certificates of Status	(Business Entity Name)					
Certified Copies Certificates of Status						
	(Document Number)					
Special Instructions to Filing Officer:	Certified Copies Certificates of Status					
	Special Instructions to Filing Officer:					
Mills						

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## **COVER LETTER**

TO: Registration Section Division of Corporations							
Division of Corporations							
SUBJECT: Shenglok-ga Rental LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this	s matter to the following:						
Joshua Chan							
Name of Person							
Shenglok-ga Rental LLC							
Firm/Company							
17 Elmwood Terrace							
Address							
Elmwood Park, NJ 07407							
City/State and Zip Code							
inedechan79@amail.com							
jandschan78@gmail.com  E-mail address: (to be used for future annual report notification)							
	·						
For further information concerning this matter,	piease cair:						
Joshua Chan	at (240 ) 687-2739						
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 32301	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.

i. Na	ame of the limited liability company:  Shenglok-ga Re	ntal LLC		
2. (a)	17 Elmwood Terrace (b) 17 Elmwood			od Terrace
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Elmwood Park, NJ 07407		Elmwood P	Park, NJ 07407
				<u>.</u>
	February 17, 2022		L220000791	24
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Legal Corp Solutions, LLC			
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State	: :
	3440 Holly Blvd.,			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	7	,
	Suite 415			. <b>:</b>
	Hollywood	L_33021		• •
	,		<u>-</u>	7
(b)	Registered Agents Inc			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ad	dress:	7 1:1
	7901 4th St N			Cī
	NEW Registered Office Address:			
	STE 300		·	
	St. Petersburg	33702 L		
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registiability control of the limited l	stered office ompany, it is nited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and completeligations of my position as registered agent as providely reflect a change in the registered office address, led in writing of this change.	gree to act e perform ed for in C Thereby co	in this cape ance of my o Chapter 605 onfirm that i	acity. I further agree to comply with the luties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been

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

- Assistant Secretary

David Roberts

Signature of Registered Agent