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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ	Golden Lotus Massage, LLC						
0000		Name of Limited Liability Company					
Dear S	Sir or Madam:						
The e	nclosed Registered Agent/Registered O	ffice Change an	d fee(s) are submitted for filing.				
Please	return all correspondence concerning	this matter to th	e following:				
Jin Y.	Lee						
	Name of Person						
Golde	n Lotus Massage, LLC						
	Firm/Company		<del></del>				
4089 (	Orion Way						
	Address		<del></del>				
Rockle	edge, FL, 32955						
	City/State and Zip Code	-					
damile	ee7203@gmail.com						
	E-mail address: (to be used for future a	nnual report not	ification)				
For fu	orther information concerning this matter	er, please call:					
Luis N	Montano	347 at (	902-8664				
	Name of Person	u. (	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	ng 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.

2. (a)     Auto of filing/registration in Florida   Processor	1. N	ame of the limited liability company:  Golden Lotus Ma	ssage.	LLC	•	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  Melbourne, FL 32940  Rockledge, FL 32955  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 State:  5575 S.Semoran Blvd  Registered Office Address  MUST BE FLORIDA STREET ADDRESS)  5575 S.Semoran Blvd  Orlando  FL 32822  (b) Foster's Accounting and Financial Services, LLC  Enter name of NEW Registered Agent and/or NEW Registered Office address:  Room #101D  Melbourne  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is breety confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Jin Y. Lee  Signature of a proviber or authorized representative of a member  Printed or typed name of signee	2 (a)	4206 Breslay Drive, 2nd Floor		(b) 4089 Orion Way, Rockledge, FL 32955		
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provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept	Sign	ature of a member or authorized representative of a member	-			Printed or typed name of signee
to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change	provis the ob	rions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I	perfo d for	orma in C	nce of my hapter 60	oduties, and I am familiar with and accept 15, F.S. Or, if this document is being filed
Signature of Registered Agent	Signat	ure of Registered Agent				

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