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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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JUL 25 2022 M. SOLOMON

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	New May Industries LLC			
		ame of Limited Li	ability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning t	his matter to the	following:	
Yuhong	, Pasciuta			
	Name of Person			
New M	ay Industries LLC			
	Firm/Company		_	0
8255 N	Wickham Rd. #102			
	Address	·····	_	
Melbou	rne, FL 32940			-,
	City/State and Zip Code		-	3
vincejp	57@yahoo.com			,
E	-mail address: (to be used for future ar	inual report notifi	cation)	
For fun	ther information concerning this matte	r, please call:		
Yuhong	Pasciuta	904 at (563-3126	
	Name of Person		Area Code & Daytime Telephone Nun	nber
	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 followin	g 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.

1. Na	ame of the limited liability company: New May Industr	ries LLC		
2. (a)	8255 N Wickham Rd #102	(b) ⁸	3255 N Wickham Rd #102	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Melbourne FL 32940		•	nited liability company: OST OFFICE BOX
	04/21/2022		2000190229	
3.	Date of filing/registration in Florida	4.	Document numbe	r
5. (a)	YUHONG PASCIUTA			
J. (a)	Registered Agent and Registered Office shown on the records of 5200 BROKEN ARROW DR	the Florida De	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	KISSIMMEE , FI	34746 		٠. 53
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	wic.	AVH 7282
	YUHONG PASCIUTA	Office addition	<u>33</u> .	20 m
	NEW Registered Office Address:			- i>,
	8255 N Wickham Rd. # 102			. a. 5
	Melbourne , FI	32940 		
change agent v was/we the arti	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the whom when we will be the wife of the whom when we will be the wife of the whom when we will be the wife of	e registered of ability composition of the limite limited liab	office and the business office bany, it is hereby confirmed d liability company or as ot	ce of the registered I that the change(s)
	nure of a plember or authorized representative of a member		Printed or typed nam	ic of signee
I here provisi the obl to mere	by accept the appointment as registered agent and aginous of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do not in writing of this change.	ree to act in performand d for in Cha hereby confi	this capacity. I further agr	ree to comply with the
Simon P	Tulong Possille			
ាខ្លាងល	ire of Registered Agent			