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ILLAHASSEE FLORIDA

FEB 2 1
S. PRATHES

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ojj Studio 5 LLC Name of Limit	
Name of Limit	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
FIAOLI ZIU Name of Person	
Name of Person	
Firm/Company	
85/ ME 1 st Avenue, Apt # 4200	<u>).</u>
Address	
Miami, Florida, 33132	
City/State and Zip Code	 -
nicole (x(82 a) g mail - com E-mail address: (to be used for future annual report	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please call	l:
LiAo Li Liu at (at (, 7862967088
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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

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. Name of the limited liability company:OIIStu	dios LLC
2. (a) 20725 NE 16th Ave, UNH A41. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Hiami, FL. 33179	(b) S5) NE 1 St Avenue, APt # 4200. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Hiami, FL. 33132.
3. Date of filing/registration in Florida	4. Document number
3. Date of filing/registration in Florida 5. (a) ZIVOTINO VIC, IVAN Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET ALL 245 ME 14th, St., Apt 2010.	he Florida Dept. of State:
(b) LIU XIAO LI Enter name of NEW Registered Agent and/or NEW Registered C	23/15 4
NEW Registered Office Address: 851 NE 1st Avenue, Apt # 4200 Miami FL	
If the limited liability company is not organized under the laws change or changes are made, the Florida street address of the reagent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the li	registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
Signature of a member or authorized representative of a member	Printed or typed name of signee
Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pethe obligations of my position as registered agent as provided to merely reflect a change in the registered office address. I he notified in writing of this change. Limit Limit Signature of Registered Agent	re to act in this capacity. I further agree to comply with the