(Requestor's Name)							
(Address)							
(Add	ress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates	s of Status					
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	J DEMI	:3					
AUG 1 7 2023							

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COVER LETTER

Division of Corporations		
SUBJECT: WYSHIN, LL	Name of Limited Liability Company	
	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.	
Please return all correspondence concer-	ning this matter to the following:	
Muylia Minuid Name of Person	<u></u> n	
Whin, UC Firm/Company		
861 N Millury Truil Address		
West Film Bruch Fl City/State and Zip	33415 Code	
E-mail address: (to be used for fut		
For further information concerning this	matter, please call:	
Haylia Mineaud Name of Person	at (56) 542 5188 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 fol	lowing amount:	
✓ \$25 Filing Fee		

INHS18 (2/14)

STÅTEMENT 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	nme of the limited liability company: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	LLC						. <u>.</u>
2.	(a)	861 V Military Trail	((b) _	13134	QUIEK 1			UNIT !
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		West Pulm Beau FL 33414	<u>.</u>	_	Weiling	you F	1 3.	3414	
			_	_					_
		11 ins 20 2023		L	-33000	ත(හුලැ <i>ද</i>	`		
3.		Date of filing/registration in Florida	4		00000	cument nun		-	
5.	(a)	Admired Beway Bur LL							
	()	Registered Agent and Registered Office shown on the records of the	he Florid	da De	pt. of State:				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>SS)</u>					
		Sol V Military Trail					2023	. <u> </u>	
		West Palm Beach, FL	30	34	15		2023 JUL 13	1.44 1.44	
			_						
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office					70 Y CO 10 Y CO 10 A TED	
		Table haine of NEW Registered Agent and/or NEW Registered	Office a	<u>iuure:</u>	<u>13</u> .		PH 12: 24	15.07 15.07	
		861 N Militura Trici					: 2	715 318/	
		NEW Registered Office Address:					-	<i>,</i> -	
		Mar Die	00.						
		West ruim Beach. FL	الك	415	<u> </u>				
		imited liability company is not organized under the law							
ag	ent v	or changes are made, the Florida street address of the a will be identical. Or, in the case of a Florida limited lial	bility c	comp	any, it is he	reby confin	med that t	the change	e(s)
		ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the I					s otherwi	se provid	ed in
	\mathcal{L}_{0}	sula Xiniail							
-	Signa	ture of a member or authorized representative of a member	-		Pr	ncuc)	name of sig	nec	
pr the to	ovisi e obl mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	e to ac	ci in .	this capacit	v. I further	agree to	comply w.	ith the accept g filed been
Si	ghatu	ire of Registered Agent							