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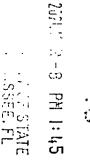
(Requestor's Name)							
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PICK-UP	☐ WAIT	MAIL					
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Certified Copies	Certificates	s of Status					
Special Instructions to F	iling Officer:						

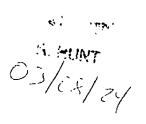
Office Use Only



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03/08/24: -01016--020 *#55.00





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Happy properties Name of Lin	LLC nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Name of Person Happy Broperties LLC Firm/Company	
639 Tusen Trail Address Orlandes 7- 32828 City/State and Zip Code	그 -
E-mail address: (to be used for future annual repo	
For further information concerning this matter, please	call:
Name of Person at (407) 188 8167 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 amoun	nt:
□ \$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.

l.	Nai	me of the limited liability company:	Dr	oper,	ties	110	<u> </u>	
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _	, M	639 ailing addres. (Note: MA)		l liabilit	y company:
		Orlando 76 32828	_	Brla	ando_	71	- 32	2828
		1/16/2024	_			466	19	
3.		Date of filing/registration in Florida 4	} .	1	Document i	number		
5.	(a)	_ zhi zhoo chen						
		Registered Agent and Registered Office shown on the records of the F	Florida De	pt. of State:				
		6481 S Chiclaslaw	Tr	ai/				
		Registered Office Address (MUST BE FLORIDA STREET ADD	RESS)				*****	
							. <u></u>	
		Oxlando,FL	328	379			ಕ್ಲ	
	(b)	2hi Zhao Chen				SSE	P .	• •
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Off	lice addre	<u>:55</u> :		E.F		Ser of
		639 Tuten Trail NEW Registered Office Address:				L E	1: 45	
		NEW Registered Office Address.						
		orlando , FL	8 د3	28	-			
cha age	inge ent v	imited liability company is not organized under the laws or changes are made, the Florida street address of the regwill be identical. Or, in the case of a Florida limited liabilere authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limited limited limited to the limited solution.	gistered lity com he limite	office and pany, it is ed liability bility com	the busine hereby coly company pany.	or as oth	that the	change(s) provided in
		WY		<u>Y</u>	LU / Printed or ty	11		
_5	igna	sture of a member or authorized representative of a member						
1 h pro the to no	here ovisi obi mer tifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete per ligations of my position as registered agent as provided fally reflect a change in the registered office address, I here in writing of this change.	to act in rforman or in Ch eby con	this cape ce of my c apter 605 firm that i	ncity. I furth hities, and , F.S. Or, the limited	her agre I am fan If this do liability	e to co niliar w cumen compa	mply with the pith and accept t is being filed ny has been

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

Signature of Registered Agent