## 6240000 86872

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

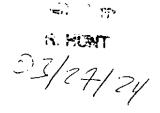
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## **COVER LETTER**

TO:		stration Section sion of Corporations					
SUBJ	ECT:	WAN LELLC					
		Name of Limited Liability Company					
Dear S	Sir or N	Madam:					
The er	nclosed	d Registered Agent/Registered Of	Tice Change and	fee(s) are submitted for filing.			
Please	return	all correspondence concerning the	nis matter to the	following:			
JIAN(	HUL I	i.in					
		Name of Person		_			
WAN	LHLLC						
		Firm/Company	-	<del></del>			
3 MAI	RIGOL	D CT					
		Address		<del></del> ·			
WARE	REN, N	J 07059					
		City/State and Zip Code					
JIANC	HUIL	IN2020@GMAIL.COM		•••			
Í.	E-mail	address: (to be used for future an	nual report notif	ication)			
For fu	rther in	nformation concerning this matter	, please call:				
JIAN(	нил г	.IN	858 at (	2813445			
		Name of Person		Area Code & Daytime Telephone Number			
	Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Encl	osed is a check for the following	g amount:				
	<b>S</b> 2	25 Filing Fee	<b>□</b> \$:	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: WAN LELLC					
2. (a)	2019 MADEIRA DR (b) 3 MAE			ARIGOLD CT		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	WESTON, FL 33327	_	WAR	RREN, NJ 07059		
	2/19/2024		 L2400	)0086872		
3.	Date of filing/registration in Florida	- 4.		Document number		
5. (a)	HAO IVII			D S S S S S S S S S S S S S S S S S S S		
3. (a)	Registered Agent and Registered Office shown on the records of	of State:				
	Registered Office Address (MUST BE FLORIDA STREET)	, 				
	2019 MADEIRA DR					
	WESTON . FL	33327				
	JIANGHUI LIN					
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			G		
	NEW Registered Office Address:	_		<del></del>		
	2019 MADEIRA DR			<del></del>		
	WESTON , FL	33327				
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the register ability of the li	red offic company mited lia	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.		
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee		
provisi he obl o mero notifiec	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the control of this change.	ee to a perform I for in hereby	ct in this nance of Chapter confirm i	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept or 605, F.S. Or. if this document is being filed that the limited liability company has been		
Signatu	re of Registered Agent					