DOCUMENT# L 99000005571  L Enthy Name  Florida Bo, LLC  ### L 99000005571  L Enthy Name  Florida Bo, LLC  ### Bound Address   901-B South NRoyal   901-B South NRoyal   901-B South NRoyal   901-B South Name   901-B South Na	200	O UNIFORM BUS	INESS REPO	RT	(UBR)		APP	¦ Roven		
Ponce of Piece of Business 901-B South Royal 901-B South Royal Poinciana Blvd. Miami Springs, FL 33166 Miami, FL 33166  2 Prouched Place of Business Sure, Apr. 4 etc.  Coy 4 State Coy 5 State Coy 5 State Coy 6 State Coy 6 State Coy 6 State Coy 6 State Coy 7 State Coy 7 State Coy 8 State Coy 9 State Coy 0	DOCUMENT# L 99000005571						΄ _Α	ND		
901-B South Royal Poinciana Blvd. Miami Springs, FL 33166 Miami, FL 33166  2. Principal Place of Duthress Suite, Apt 4, etc.  City & State City & St	Florida Bo, LLC						00 MAY -2	PH 12: 35		
Sure. Apt. 4, etc.    City & State	901-B Poinc	South Royal iana Blvd.	B1vd	•		SECRETAR TALLAHASS	Y OF STA EE.FLOR	TE IDA:	,	
Chy & State  Chy &	Principal Place of Business     3. Mailing Address									
Section   State   St	Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent  Dade Corporate SErvices, Inc. 2300 Coral Way Suite 103 Milami, F1 33145  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  PLANTIFE S 350.00  MARK Check Propose of State Of Florida.  SIGNATURE  MGRM   Deele   Mile   Mi	City & State		City & State			1	· · · · · · · · · · · · · · · · · · ·			···
Dade Corporate Services, Inc. 2300 Coral Way Suite 103 MITAMI, F1 33145  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered again, or both, in the State of Florida.  SIGNATURE  MANAGING MEMBERS / MEMBERS   100	Zip	. Country	_ Zip	Cour	ntry					-
Dade Corporate SErvices, Inc. 2300 Coral Way Suite 103 MIami, F1 33145  City FL Zip Code  6. The above named entity submits this statement for time purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  MANAGING MEMBERS /		6. Name and Address of Current F	Registered Agent	•		7. Name	and Address of New F	Registered Ag	ent	
A. The above named entity submits this statement for the purpose of changing its registered diffice or registered againt, or both, in the State of Portods.  SIGNATURE    Description		2300 Coral Way	·		(P.O. Box N	umber is Not Acceptable	   			
R. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE    Signature   Signat								1		
SIGNATURE    Signature   Signa					City			FL Zip Code		
MGRM Chung, Louis SIRET ADDRESS OITY-ST-2P MIAME Lee, Alexander SIRET ADDRESS OITY-ST-2P MIAME CHUNG, Louis Miami Springs, PL 33166  OITY-ST-2P MIAME SIRET ADDRESS OITY-ST-2P MIAME CHUNG, Thomas ODelele MILE MAKE SIRET ADDRESS OITY-ST-2P MIAME CHUNG, Thomas ODelele MILE MAKE SIRET ADDRESS OITY-ST-2P MIAME MIAME CHUNG, Thomas ODelele MILE MAKE SIRET ADDRESS OITY-ST-2P RICHMOND Hill, ON Canada L4B3Z MIAME CHUNG, Mark SIRET ADDRESS OITY-ST-2P MIAME MIAME MAKE MIAME M	SIGNATURE	Signature, typed or printed name of registered agent ar	FILE NO	IIIWC	FEE IS \$50.00		ig)	DATE		
NAME Chung, Louis STREET ADDRESS STREET ADDRESS OLTY-ST-2P MIGHE MGRM Chung, Thomas STREET ADDRESS OLTY-ST-2P STREET ADDRESS OLTY-ST-2P MIGHE MGRM Chung, Thomas STREET ADDRESS OLTY-ST-2P STREET ADDRESS OLTY-ST-2P MIGHE MGRM Chung, Thomas STREET ADDRESS OLTY-ST-2P STREET ADDRESS OLTY-ST-2P MIGHE MGRM Chung, Mark STREET ADDRESS OLTY-ST-2P MIGHE MGRM Delete TILE MGRM Chung, Mark STREET ADDRESS OLTY-ST-2P MIGHE MGRM Delete TILE MGRM Delete TILE MGRM Chung, Mark STREET ADDRESS OLTY-ST-2P MIGHE MGRM Delete TILE MGRM Delete MIGHE Delete TILE MGRM Delete MIGHE Delete TILE MGRM Delete MIGHE DELET DEL	9.	MANAGING MEMBE	RS/MEMBERS	<b>1</b> 0.		學的是別學的學	ADDITIONS	/CHANGES		<del></del>
MGRM   Delete   IITLE   MAME   Change   Addition   Change   Change   Addition   Change   C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Chung, Louis 801 S. Royal Poind Miami Springs, FL MGRM Lee, Alexander 8831NW 194 Terrace	ciana Blvd. 33166 Delete	NAM STRE CITY TITLE NAM STRE	E EET ADDRESS EET ADDRESS		-05/19	2595 700011 50.00	- 5 <b>84</b> 090(	
NAME STREET ADDRESS CITY-ST-ZIP MI ami Springs, FL 33166 MARK  MARK MARE MANE STREET ADDRESS CITY-ST-ZIP MI ami Springs, FL 33166 MGRM Lee, Michael STREET ADDRESS CITY-ST-ZIP MI ami, FL 33018  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Chung, Thomas 10 Damian Drive Richmond Hill, ON	Canada_L4B3Z-	NAMI STRE CITY	E ET ADDRESS - ST - ZIP					Addition
MGRM Lee, Michael 8831 NW 194 Terrace OITY-ST-ZIP  TITLE NAME STREET ADDRESS OITY-ST-ZIP  TITLE	NAME	Chung, Mark 801 S. Royal Poinc	ciana Blvd.	NAME STREE	ET ADDRESS			<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:    Change	TITLE NAME STREET ADDRESS CITY-\$1-ZIP	MGRM Lee, Michael 8831 NW 194 Terrac	☐ Delete	NAME STREE	ET ADORESS			: ! !	] Change	Addition .
Indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:	TITLS HAME STREET ADDRESS GITY-ST-ZIP			NAME STREE CITY -	ET ADDRESS ST-ZIP		•		- ·	
SIGNATURE:	indicated	For this report is true and accurate and th	at my signature shall have th	ne same eport as	required by Chap	made under o oter 608, Flori	da Statules.	ing member of	r managei	roine.
	SIGNAT		ED NAME OF SIGNING MANAGING M			UNCL 9	Date Date	<u> </u>		