Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)634~3694

Fax Number

: (305)633-9696

LIMITED LIABILITY AMENDMEN

JIN ZHI STAR LT, LLC

Certificate of Status Certified Copy 0 Page Count 02 \$25.00 Estimated Charge

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11/23/2005 11:57 AM MON-53-5002 15:00

EMP I RE

## HO50000711460



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisi liability company submi agent, or both, in the Sto	ons of sections 608.416 or 608.508. Florida Statutes, the undersigned limited its the following statement in order to change its registered office or registered ate of Florida.
1. The name of the limi	ted liability company is: JIN ZHI STAR LT, LLC
2. The mailing address	of the limited liability company is: 321 N. UNIVERSITY DRIVE
(MALL MANAGEMEN	IT OFFICE) PLANTATION, FL 33324
11/23/2005	M0500000190
3. Date of filing/registra	tion in Florida 4. Document number
5. The name of the regis Florida Department of	tered agent and the registered office address as shown on the records of the f State:
	Name
	Address
	City, State and Zip
6. The name and address	of the new registered agent and/or office:
	HONG HUANG (NEW AGENT)
	Name 21200 NE 38 AVENUE #2703
	Florida street address (P.O. Box NOT acceptable)
	AVENTURA FL 33180
	City, State and Zip
confirmed that after the cand the business office or liability company, it is he of the members of the lin or the operating agreement	npany is not organized under the laws of the State of Florida, it is hereby hange or changes are made, the Florida street address of the registered office of the registered agent will be identical. Or, in the case of a Florida limited preby confirmed that the change(s) was/were authorized by an affirmative vote mited liability company or as otherwise provided in the articles of organization at of the limited liability company.
HONG HUANG (Printed or typed name of signed	ini C >
I hereby accept the appo comply with the provision and I am familiar with ap Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered agent and agree to act in this capacity. I further agree to so of all statutes relative to the proper and complete performance of my faities, and accept the obligations of my position as registered agent as provided for in within a comment is being filed to merely reflect a change in the registered office that the limited liability company has been notified in writing of this change.
(Signature of Registerial Agent)	- 4r
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  FILING FEE: \$25.00	
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