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SECRETARY OF STATE
TALL AHASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations Ying's Chinese Massage, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **David Gordon** Name of Person Ying's Chinese Massage, LLC Firm/Company 6755 16th Place North #311 Address St. Petersburg, FL 33710 City/State and Zip Code wygorvid@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dave Gordon Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: Ying's Chinese Mass	age, LLC	
2. (a) Principal office address of limited liability compa	ny: 6755 16th Place North, #311	To S
(Note: MUST BE STREET ADDRESS)	St. Petersburg, FL 33710	
		<u> </u>
(b) Mailing address of limited liability company:	PO Box 937	\$ ₹ ₹
(Note: MAY BE POST OFFICE BOX)	Ranchester, WY 82839	mio -
		(S. 19)
7/13/2012	M12000004011	哥哥 3
3. Date of filing/registration in Florida	4. Document number	$\mathcal{F}^{\mathbb{R}}$ ω
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida D	ept. of State:
Registered Agent:	REGISTERED AGENT SOLUTIONS, INC	
Registered Office Address:	155 OFFICE PLAZA DRIVE SUITE A T	ALLAHASSEE, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office addre	<u>ess</u> :
NEW Registered Office Address:	6755 16th Place North, #311	
(MUST BE FLORIDA STREET ADDRESS)	St. Petersburg, FL 33710	
		,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise operating agreement of the limited liability company. Signature of a member or authorized representative of a member Yuying Shan Printed or typod name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the resistance.	Florida street address of the rentical. Or, in the case of a Floris) was/were authorized by an exist provided in the articles of the renticles of the articles of the renticles of the articles of the article	registered office orida limited affirmative vote of f organization or
comply with the provisions of all statules relative to the pand I am familiar with and accept the obligations of my familiar with and accept the obligations of my familiar with and accept the obligations of my familiar to be accompanied to the companied of the companied with the companied of the companied with the companied with the companied of the companied with the com	nous and complete perform oosition as registered agent a nerely reflect a change in the my has been notified in writin	s provided for in registered office ig of this change.

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

Signature of Registered Agent