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COVER LETTER

INHS18 (2/14)

то:	Registration Section Division of Corporations			
SUBJI	PRINCETON HOLDINGS LI	_C		
5000	Name of Limited Liability Company			
Dear S	ir or Madam:			
The en	nclosed Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.	
Please	return all correspondence concerning this	s matter to the fo	Howing:	
WILL	IAM HSU WU			
	Name of Person		-	
PRINCETON HOLDINGS LLC				
	Firm/Company	, , <u>, , , , , , , , , , , , , , , , , </u>	-	
9482	MADEWOOD CT			
	Address		-	
ROY.	AL PALM BEACH, FL 33411			
	City/State and Zip Code	, <u></u> ,	-	
wwu(0430@gmail.com			
I	E-mail address: (to be used for future ann	ual report notifica	ation)	
For fu	rther information concerning this matter,	please call:		
WILL	IAM HSU WU	305 at (6065855	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314	
Enclosed is a check for the following amount:				
	■ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy	

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.

. Na	me of the limited liability company:	N HOLDINGS LLC
	9482 MADEWOOD CT	9482 MADEWOOD CT
(# <i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) ROYAL PALM BEACH	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) ROYAL PALM BEACH
	FL 33411	FL 33411
	3/18/2015	M14000002344
i. i. (a)	Date of filing/registration in Florida WILLIAM HSU WU	4. Document number
. (a)	Registered Agent and Registered Office shown on the records of 9482 MADEWOOD CT	The Flurida Dept. of State: [ADDRESS] 33411 L
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESSI
	ROYAL PALM BEACH	33411 FS 9
(b)	REGISTERED AGENTS INC	URRIUS ST
()	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:
	3030 N. ROCKY POINT DR., STE 150A	
	NEW Registered Office Address:	
	TAMPA , FI	33607
he changent was/we he arti	ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company. Printed or typed name of signee gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been
	regulars of my postular as a series of the registered agent as provided elly reflect a change in the registered affice address, I d'in writing of this change.	I hereby confirm that the limited liability company has been

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