

1115000008019

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WONDER PORCELAIN GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

JUN 23 2021

A. LUNT

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WONDER PORCELAIN GROUP LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATIA SILVA
Name of Person

WONDER PORCELAIN GROUP LLC
Firm/Company

5 WONDER LN
Address

LEBANON, TN 37090
City/State and Zip Code

K.SILVA@WONDERPORCELAIN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATIA SILVA at (615) 994-3535
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:
 \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: WONDER PORCELAIN GROUP LLC

Enter new principal office address, if applicable: _____
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____
(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000008019

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 10/07/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

REMOVAL AND ADDITION OF MANAGER

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WEIQIANG HUANG	5 WONDER LN	<input type="checkbox"/> Add
		LEBANON, TN 37090	<input checked="" type="checkbox"/> Remove
MGR	KATIA SILVA	5 WONDER LN	<input checked="" type="checkbox"/> Add
		LEBANON, TN 37090	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Katia Silva

Signature of the authorized representative

KATIA SILVA

Typed or printed name of signee

Filing Fee: \$25.00