## 01000672

(Requestor's Name) (Address)	100176339411				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL	04/19/1001044022 **35				
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  Office Use Only	FACE ARASSEE, FECROSSE				

\*\*35.00

IT C

## **COVER LETTER**

TO:	Amendment Sect Division of Corp	ion orations							
SUBJ	ECT:	Chunil Advi	sors, Inc						
DOCU	JMENT NUMBEI	P09000		<del></del>					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.									
Please	return all correspo	ndence concerning this matte	r to the following:						
		•	•						
		Ted (	Chang						
	<del></del>	Name of Co	Chang Intact Person						
			visors, Inc						
		Firm/C	ompany						
	<del></del>	9800 SW	89th Loop	<del></del>					
		Add	iress						
		<b>.</b>							
		Ocala, F	L 34481 nd Zip Code	<del></del>					
		Chyrolaic a	na zip couc						
		ted.w.chang(	@gmail.com						
	E-ma	il address: (to be used for	future annual report notif	ication)					
For fur	ther information co	oncerning this matter, please	call:						
	Ter	d Chang	. 947	9964406					
	Name of (	Contact Person	at ( <u>847</u> Area Code & Daytii	ne Telephone Number					
			·	·					
Enclos	ed is a \$35.00 chec	k made payable to the Depar	tment of State.						
	Ŋ	<u>failing Address:</u> Amendment Section	Street Address: Amendment Se	- • • - ·-					
		Division of Corporations	Amendment Se Division of Co						
		O. Box 6327	Clifton Buildin						
		allahassee, FL 32314	2661 Executive						
	-		Tallahassee, Fl						

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 60/.0 nge is submitted for a corp	oration organized	l under the laws of the St	ate of Flori	ida	
in orde	r to change its registered o	ffice or registered	agent, or both, in the Sta	ate of Floria	la.	
1. The name of t	he corporation: Chunil /	<u>Advisors, Inc</u>	`			
2. The principal	office address: 9800 SW	89th Loop				
Ocala, FL	34481					
3. The mailing a	ddress (if different):	·		<del></del>		<del></del>
4. Date of incorp	oration/qualification:	8/10/2009	Document number:	P090	00067	251
	street address of the current timent of State: (If resigned		t and registered office on	file with the	e	
	CorpAmerica Inc - R	ecords Depart	ment			
	2711 Centerville Ros	nd, Suite 200				
	Wilmington, DE 1980	08				
6. The name and (if changed):	street address of the new r	egistered agent (i	f changed) and /or registe	ered office	2010 APR	
	Ted Chang			上	Ą	*****
	9800 SW 89th Loop				? <del> </del>	-
		P.O. Box NOT acc	eptable	re) (re	<b></b>	rr7
	Ocala, FL 34481	· · · · · · · · · · · · · · · · · · ·			<b>=</b>	
The street addre	ess of its registered office a	and the street add	lress of the business offi	ice of its rep	Bizite Leq	agent,
Such change wa authorized by th	as authorized by resolution ne board, or the corporation	n duly adopted by In has been notifi	tits board of directors of the char	r by an offi nge.	cer so	
	NG Y		Ted Chang	Procide	nt	
	e of an officer or director		Ted Chang Printed or typed no			
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as regist to comply with the provision of a miliar with and a ng filed merely to reflect a been notified in writing a filed merely to reflect a second of the control of t	ered agent and a ons of all statute: accept the obliga a change in the re of this change.	gree to act in this capac s relative to the proper o tion of my position as re egistered office address,	ity. md complet gistered ag I hereby co	te perfor ent. Or onfirm th	rmance if this hat the
ded	(V)		04/16/	/2010		
Sig	nature of Registered Agent		Date			
If signing on be	half of an entity:					
т	yped or Printed Name					
	***	FILING FEE:	\$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)