

P110000001429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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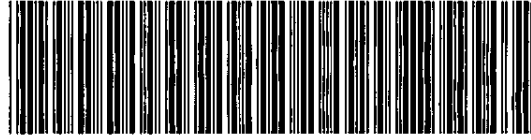
(Business Entity Name)

(Document Number)

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2015 OCT 21 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Rolch*

OCT 21 2015

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CHAE KJM, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P11000001429

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ren Shun Cai  
Name of Contact Person

Beach Therapy  
Firm/Company

9524 Blind Pass Road Suite #20  
Address

St. Pete. Beach, FL 33706  
City/State and Zip/Code

beachtherapystpete@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ren Shun Cai at ( 727 ) 360-8900  
Name of Contact Person Area Code & Daytime Telephone Number  
*pronounced "run soon"*

Enclosed is a \$35.00 check made payable to the Department of State.

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: CHAE KJM, INC.
2. The principal office address: 9524 Blind Pass Road Suite #2D  
St. Pete. Beach, FL 33706
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 01/05/2011 Document number: P11000001429

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

In S. Chae 9524 Blind Pass Road Suite #2D  
St. Pete. Beach, FL 33706

" I changed my legal name from In Sun Chae to Ren Shun Cai "

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ren Shun Cai  
9524 Blind Pass Road Suite #2D  
P.O. Box NOT acceptable  
St. Pete. Beach, FL 33706

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

In Sun Chae  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Ren Shun Cai  
Signature of Registered Agent

10/19/2015  
Date

If signing on behalf of an entity:

Ren Shun Cai  
Typed 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

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TALLAHASSEE, FLORIDA

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