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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

18 JAN -4 4H 8: 14

REGISTERED AGENT CHANGE XILANG MANAGEMENT COMPANY

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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUR II	Xilang Management Company ECT:		
3000	Name of Corporation		
DOCU	JMENT NUMBER:		
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Susan Lang		
	Name of Contact Person		
Firm/Company			
	28418 ALTESSA WAY, SUITE 103		
	Address		
	BONITA SPRINGS, FL 34135		
	City/State and Zip Code		
	s.lang (\hat{a}) xilangeonsulting.com		
	E-mail address: (to be used for future annual report notification)		
For fu	ther information concerning this matter, please call:		
Susan	Lang 239 322-8691		
•	Name of Contact Person 239 322-8691 Area Code & Daytime Telephone Number		
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		

CR2E045 (03/12)

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

statement of cha	unge is submitted for a corporat	on organized under the laws of the State of Florida. The state of Florida or registered agent, or both, in the State of Florida.		
	the corporation: XILANG MAN.			
2. The principal office address: 28418 ALTESSA WAY SUITE 103, BONITA SPRINGS, FL 34135				
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 3/13/201	2 Document number: P12000024732		
	d street address of the current re	egistered agent and registered office on file with the cer resigned)		
	LANG, SUSAN			
	28418 ALTESSA WAY, SUITE 103			
	BONITA SPRINGS, FL 34135			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): CT Corporation System				
	C T Corporation System	n <u>F</u>		
c/o CT Corporation System, 1200 South Pine Island Road		00 South Pine Island Road		
	P. Plantation, Florida 33324	O. Box NOT acceptable		
The street addr	ess of its registered office and to be identical.	he street address of the business office of its registered agent,		
Such change was authorized by the	as authorized by resolution duly he board, or the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.		
Su	san L. Lang	Susan Lang - President		
I hereby accept I further agree performance of agent. Or, if th	to comply with the provisions of I my duties, and I am familiar w is document is being filed mero	Printed or types name and utile agent and agree to act in this capacity, of all statutes relative to the proper and complete ith and accept the obligation of my position as registered elv to reflect a change in the registered office address, I notified in writing of this change.		
By: 10		1/3/2018		
September of Registered Agent Date		ŧλutc		
If signing on bo	chalf of an entity:			
	Assistant Secretary	<u> </u>		
ı	'yped or Printed Name ** FII	ING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO; DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)