

P14D000081477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

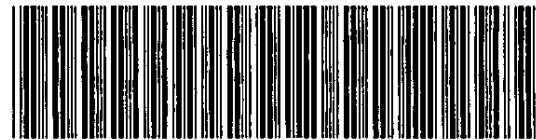
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000291074300

10/17/16--01007--008 **35.00

FILED
2016 OCT 27 PM 1:32
SECURITY
FALLS CHURCH, VIRGINIA

RA/RD/ch8

OCT 27 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LUX MASSAGE CENTER
Name of Corporation

DOCUMENT NUMBER: P14 0000 81477

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:

YU WANG
Name of Contact Person

LUX MASSAGE CENTER
Firm/Company

5840 W IRLO BRONSON MEMORIAL HWY
Address

KISSIMMEE, FL. 34746
City/State and Zip Code

553033578@y.g.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yu Wang at (407) 507-2763
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2016

YU WANG
XIANG HE INC
5840 W. IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34746

SUBJECT: XIANG HE INC.
Ref. Number: P14000081477

We have received your document for XIANG HE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must also contain the address of the registered agent which must be at a Florida street address.

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 416A00022342

CEIVED
10 OCT 27 AM 11:12
TALLAHASSEE
DIVISION OF CORPORATIONS

**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: XIANG HE INC ~~LOX MASSAGE CENTER~~
2. The principal office address: 5840 W. Irlo Bronson Memorial Hwy
Kissimmee, FL 34746
3. The mailing address (if different): /
4. Date of incorporation/qualification: 9/30/15 Document number: P14000081477
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)

Hui Huang
5840 W Irlo Bronson Memorial Hwy
Kissimmee FL 34746

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

Yu Wang
5840 W. Irlo Bronson Memorial Hwy
Kissimmee FL 34746

P.O. Box NOT acceptable

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.

Hui Huang Hui Huang
Signature of an officer or director 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.

Yu Wang 10/10/16
Signature of Registered Agent Date

If signing on behalf of an entity:

YU WANG
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE