P15000014408

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Tianshan Express Inc.

Name of Corporation

DOCUMENT NUMBER: P15000014408

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:

John Park

Name of Contact Person

Corporate Filing Solutions Inc.

Firm/Company

PO BOX 540842

Address

Flushing, NY 11354

City/State and Zip Code

cfsjohn@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Park

...718

3537703

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

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

statement of cha	nge is submitted,	for a corporation orga	nized under the la	17.1508, Florida Statute ws of the State of <u>F</u> lorida th, in the State of Florida	a
1. The name of t	the corporation:	ianShan Expres	s Inc.	090, Jacksonville	
		nt):		··	
4. Date of incorp	ooration/qualifica	tion: 2/12/2015	Document	number: P1500001	4408
		the current registered a fresigned, enter resign		ed office on file with the	;
	Su Hong Ch	nen			
	10300 South	side Blvd., Suite 30	090, Jacksonv	ille, FL 32256	
6. The name and (if changed):	street address of	the new registered age	nt (if changed) an	d /or registered office	MAR -6 PM CORETARY OF LAHASSEE, I
	10300 South	side Blvd., Suite 30		ille, FL 32256	1:55 STATE FLORIDA
				siness office of its regis	
authorized by th	A	•		lirectors or by an office of the change.	
Signatu	re of an officer or direc	n Cher	Zhen Qin C	Chen	
-				this capacity. the proper and complete ion of my position as re the registered office add change.	egistered ress, I
2	rer (j	in Ch	3/2/15		
	nature of Registered Ag	ent		Date	
If signing on be	half of an entity:				
Zhen Qin C					
13	ped or Printed Name	* * * FILING FE	E: \$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)