

P/60000 55680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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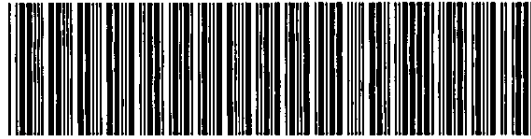
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 10 2016  
T. LEASELICK  
*[Signature]*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LIAN 777 INC  
Name of Corporation

DOCUMENT NUMBER: P16000055680

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:

Armen  
Name of Contact Person

Rmens Solution inc.  
Firm/Company

2265 OCEAN PKWY apt. 5d  
Address

BROOKLYN, NY, 11223  
City/State and Zip Code

ARMENMIN13@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Armen at (718) 600-2747  
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**

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: LIAN 777 inc.
2. The principal office address: 540 N State Rd 434, ste#110  
Altamonte Springs, FL, 32714
3. The mailing address (if different): 2265 Ocean Pkwy #5d  
BROOKLYN, NY, 11223
4. Date of incorporation/qualification: 6-28-16 Document number: P16000055680
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)

Armen Minasyan  
540 N State Rd 434 ste#110  
Altamonte Springs, FL, 32714

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

HAYRAPET Avdalyan  
540 N State Rd 434, ste#110  
Altamonte Springs, FL, 32714

P.O. Box NOT acceptable

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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] Armen Minasyan P.  
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.

HAYRAPET Avdalyan huw 8-4-16  
Signature of Registered Agent Date

If signing on behalf of an entity:

HAYRAPET Avdalyan  
Typed or Printed Name

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