## P190000 66040

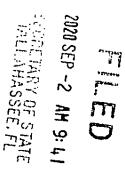
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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09/02/20--01009--011 \*\*35,00



Ja 10/14/20

## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	RATEL USA INC						
SUBJECT:	(Name of Corporation)						
DOCUMENT NUM	1BER: P19000066040						
The enclosed Office	r/Director Resignation	for a Co	orporation and fee are submitted for fi	ling			
Please return all con	respondence concerning	g this m	natter to the following:				
HUANG, XIN F							
	(Name of Person)	<u>_</u>	<del></del>				
RATEL USA INC							
1)	Name of Firm/Company)						
3199 SW 42ND STREE	т						
	(Address)		···				
FORT LAUDERDALE	, FL 33312						
((	City/State and Zip Code)						
For further informat	ion concerning this mat	ter, ple	ease call:				
COLIN XU		at (	626 780-6919 )				
(Nan	ne of Person)	_ "' (	(Area Code & Daytime Telephone Numb	<del></del> )			
Enclosed is a check	for \$35.00 made payabl	le to the	ne Florida Department of State.				
Mailing Addre	ss:		Street Address:				
Amendment	Section		Amendment Section				
Division of C			Division of Corporations				
P.O. Box 632			The Centre of Tallahassee				
Tallahassee,	FL 32314		2415 N. Monroe Street, Suite 810				
			Tallahassec, FL 32303				

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

statement of cha	nge is submitte	ctions 607.0502, 61. I for a corporation c registered office or r	organizea	under the la	iws of the Stat	te of <u>FL</u>			_
1. The name of	the corporation:	RATEL US	SA INC						
2. The principal	office address:	3199 SW 42ND STF	REET, FO	RT LAUDEF	RDALE, FL 33	3312			
3. The mailing a	iddress (if differ	ent):							
4. Date of incor	poration/qualific	eation: 8/16/2019		_ Document	number; <u>84-</u> 2	2825783			
		of the current registe (If resigned, enter re		and register	ed office on f	file with	the		
	RESIGNED								
							SECRET	2020 SEP -2	- 17
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):					ed office o o o o	ARY OF S	2		
	XU, HUAYAN					<u>`</u>	FAT	9: 4:1	-
	3199 SW 42ND		P.O. Box NO	F acceptable			111		
	FT LAUDERD	ALE, FL 33312							
The street address changed will	ess of its registe be identical.	red office and the s	street add	ress of the b	usiness office	e of its ro	egiste	red ag	ent,
Such change wa authorized by the	as authorized by ne board, or the	resolution duly ad corporation has been	lopted by en notifie	its board of d in writing	directors or l of the chang	by an off c.	icer s	0	
X	h		<u>X</u>	U, HUAYAN					
I hereby accept I further agree of my duties, an document is bei	to comply with Id I am familiar Ing filed merely	ector It as registered age the provisions of al with and accept th to reflect a change n writing of this ch	l statutes e obligat in the re	ree to act in relative to t	he proper an	v. d comple	ete pe gent, confir	rforma Or if m that	ance this the
$\times$ 1/	h	_	8/	24/2020					
Sig	nature of Registered	Agent	_		Date				
If signing on bo	half of an entity	y:							
XU, HUAYANO	) 								
<u>'</u> 'i'	yped or Printed Nam	c							

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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