P20000 29505

(Red	questor's Name)			
(Add	dress)			
(Ådc	dress)			
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SECRETARY DE STATE

JQ 09/23/20

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: SUNRISE USA TRADING INC Name of Corporation	
DOCUMENT NUMBER: P20000029505	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
JIAN XIAO	
Name of Contact Person	
SUNRISE USA TRADING INC	
Firm/Company	
9730 GRIFFIN RD	
Address	
COOPER CITY, FL 33328	
City/State and Zip Code	
JXIAON19@GMAIL.COM	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, j	please call:
JIAN XIAO	at () 837-7168 Area Code & Daytime Telephone Number
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	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

HUANG, XIN FENG I.	VICE PRESIDENT, hereby resign as	
	(Title)	
SUNRISE USA TRADING INC		
(Nan	ne of Corporation)	
P20000029505 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA		
	Ym (on thun	
	(Signature of resigning officer/director)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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

statement of cha	inge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Siganized under the laws of the State of $\frac{1}{2}$ gistered agent, or both, in the State of Fl	LORIDA		
1. The name of t	the corporation: SUNRISE USA TRA	DING INC			
2. The principal	office address: 9730 GRIFFIN RD, C	OOPER CITY, FL 33328			-
3. The mailing a	iddress (if different):				-
	orporation/qualification: 4/13/2020 Document number: P20000029				_
	I street address of the current register tment of State: (If resigned, enter res	ed agent and registered office on file wit igned)	h the		
	RESIGNED				
			' 0	~	
			7 <u>7</u> 2	020 /	, steri
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered offi	LAHASSE	1020 AUG -3 AM	
	Registered Agents Inc.		EST.	ထူ သ	
	7901 4th St N STE 300			37	
	St. Petersburg FL 33702). Box NOT acceptable			
The street addreas changed will	ess of its registered office and the str be identical.	reet address of the business office of its	registere	ed agent	•
Such change wa authorized by th	as authorized by resolution duly adone board, or the corporation has been	pted by its board of directors or by an can obtified in writing of the change.	officer so		
7	Ten Dao to of an other or director	JIAN XIAO, PRESIDENT			
•		Printed or typed name and till			
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agen to comply with the provisions of all, ad I am familiar with and accept the ing filed merely to reflect a change is s been notified in writing of this cha	t and agree to act in this capacity, statutes relative to the proper and com obligation of my position as registered in the registered office address. I hereby nge.	plete per, agent. G v confirn	formanc Or, if thi that the	ie is e
Bye Hame		7/29/2020			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Bill Havre					
T	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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