

P21000004657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

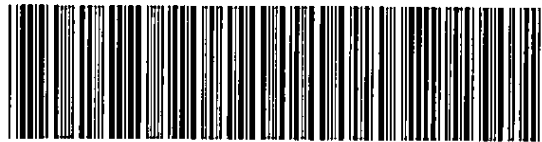
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500372469695

RECEIVED

SEP 07 2021

09/08/21--01005--018 **52.50

2021 OCT 12 PM 1:45

2021 OCT 12 PM 1:45

cc/ccis
RA/change

OCT 14 2021

J ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lucky Thrift, Corp
Name of Corporation

DOCUMENT NUMBER: P21000004657

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:

Mei Yi Li
Name of Contact Person

Firm/Company
PO Box 835520
Address
Miami, FL 33283
City/State and Zip Code

mgLL99@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mei Yi Li at (786) 670 3461
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2021

MEI YI LI
P.O. BOX 835520
MIAMI, FL 33283

SUBJECT: LUCKY THRIFT, CORP
Ref. Number: P21000004657

2021 OCT 12 PM 2:23

We have received your document for LUCKY THRIFT, CORP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's 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 III

Letter Number: 921A00022608

**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: Lucky Thrift, Corp
2. The principal office address: 6323 SW 127th Pl Miami, FL 33183
3. The mailing address (if different): PO Box 635520 Miami, FL 33283
4. Date of incorporation/qualification: 01/22/2021 Document number: P21000004657
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)

Meiyi Li
6323 SW 127th Pl
Miami, FL 33183


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

Mei Yi G Li Leon
6323 SW 127th Pl
Miami, FL 33183

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.


Signature of an officer or director

Mei Yi G Li Leon, President
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.


Signature of Registered Agent

10/04/2021
Date

If signing on behalf of an entity:

Lucky Thrift, Corp. Mei Yi G Li Leon, President.
Typed or Printed Name

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

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

2021 OCT 12 PM 1:45

FILED