P94000069959

(Requestor's Name)					
(Address)					
· ,					
					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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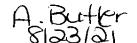


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TATTVELS OF STATE





COVER LETTER

TO:	Amendment Section Division of Corporations	•		
SUBJ Name	ECT: WACLION INTERNATIONAL, INC. of Corporation			
DOCU	UMENT NUMBER: P94000069959			
The er	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this	matter to the following:		
Lin Zh	юи			
Name	of Contact Person			
WACI	LION INTERNATIONAL. INC.			
Firm/C	Company			
10323	Millport Drive			
Addre	SS			
	a, FL 33626			
City/S	tate and Zip Code			
	zhoulin_zhoulin@hotmail.com	n		
E-mai	il address: (to be used for future annual	report notification)		
For fu	rther information concerning this matter, p	please call:		
Lin Zh	eou	at (786)252-6329		
	Name of Contact Person	at (786)252-6329 Area Code & Daytime Telephone Number		
Enclos	sed 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		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E045 (04/13)

${\tt STATEMENT}$ OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.15 cange is submitted for a corporation organized under the laws of t ler to change its registered office or registered agent, or both, in t	the State of <u>F</u> 1	orida	this
1. The name of	the corporation: WACLION INTERNATIONAL, INC.			
2. The principal	10323 Millport Drive, Tampa, FL 33626		-	
3. The mailing a	address (if different): Same as principal office address			
4. Date of incor	rporation/qualification: 9/21/1994 Document numb	er: <u>P9400006</u> 9	959	,
5. The name and	nd street address of the current registered agent and registered offi artment of State: (If resigned, enter resigned)			
	Zong L Xu			
	11830 SW 104 Lane			
	Miami, FL 33186		2021	
6. The name and (if changed):	Miami, FL 33186 nd street address of the new registered agent (if changed) and /or i	registered office	AUG -9	Take Take
	Zong L Xu	<u> </u>	PH	111
	10323 Millport Drive	STA:	ယ္	
	P.O. Box NOT acceptable	11.	37	
	Tampa, FL 33626			
as changed will				
Such change wauthorized by t	vas authorized by resolution duly adopted by its board of direct the board, or the corporation has been notified in writing of the	ors or by an o	ifficer :	so
1 1901	il LIN	ZHO	U	
Signate	ture of an officer or director Printed or ty	yped name and title		
I further agree of my duties, ar document is be	of the appointment as registered agent and agree to act in this ce to comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligation of my position wing filed merely to reflect a change in the registered office ada as been notified in writing of this change.	rapacity. oper and comp as registered lress, I hereby	olete pe agent. confu	erformance Or, if this rm that the
-//	08-1	04-20 ₀	/د	
Sig	ignature of Registered Agent	Date	-/ -	
If signing on bo	behalf of an entity:			
ZonG	Typed or Printed Name			

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

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