

P97000023017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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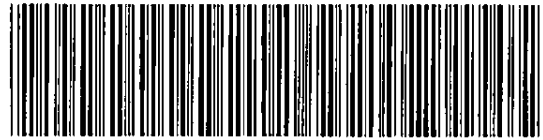
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FlyChina Infotek, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P97000023017

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:

Qiang Li

Name of Contact Person

FlyChina Infotek, Inc.

Firm/Company

2901 Clint Moore Road, Ste. 323

Address

Boca Raton, FL 33496

City/State and Zip Code

qli@flychina.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Qiang Li

Name of Contact Person

at ( 561 ) 314-2661  
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

CR2E045 (04/13)

STATE OF FLORIDA  
TALLAHASSEE, FL

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## 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: FlyChina Infotek, Inc.  
2. The principal office address: 2901 Clint Moore Road, Ste. 323, Boca Raton, FL 33496

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3/13/1997 Document number: P97000023017

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)

Kristine M. Chapman, Esquire

2500 N. Military Trail, Ste. 240

Boca Raton, FL 33431

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

Kristine M. Chapman, PA

551 NW 77th Street, Ste. 200

P.O. Box NOT acceptable

Boca Raton, FL 33487

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

Qiang Li, 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

November 19, 2024  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Kristine M. Chapman, Esquire

\_\_\_\_\_  
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

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