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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500

Fax Number : (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: MC

irroments@incorp.com

REGISTERED AGENT CHANGE CHINA WELL, INC.

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1-9-15

Z

## **COVER LETTER**

TO: A	Amendment Section Division of Corporations				
SUBJEC	T: China Well, Inc. Name of Corpora	ation			
DOCUMENT NUMBER: P99000105263					
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:					
	Josie Sorens	sen			
Name of Contact Person					
InCorp Services, Inc.					
	Firm/Compan	ny .			
2360 Corporate Circle · Suite 400					
	Address	•			
	Henderson, NV 89	074-7739			
City/State and Zip Code					
documents@incorp.com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Josie Sorensen on behalf of Incorp Services, Inc.at (702 ) 866-2500 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
	Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			
	a prostate tournamely a see frame 0.4	Tallahassee, FL 32301			

CR2E045 (03/12)

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

		502, 607.1508, or 617.1508, Florida Statu anized under the laws of the State of <mark>Flor</mark> i	
		istered agent, or both, in the State of Floria	ła.
1. The name of	the corporation: China Well, Inc.		
2. The principa	office address: 311 86th Street, #4	, Miami Beach, FL 33141	<del></del>
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 12/06/1999	Document number: P99000105	5263
	d street address of the current registered artment of State: (If resigned, enter resig	i agent and registered office on file with the	E
	Castro And Ramirez, Lic		
	1805 Ponce De Leon Blvd.		
	Coral Gables, FL 33141		Wes 🛨
6. The name ar (if changed):		gent (if changed) and /or registered office	
	InCorp Services, Inc.		J. 6 1
	17888 67th Court North		
	P.O. Box N Loxahatchee, FL 33470	OT acceptable	-
as changed wil	ress of its registered office and the stre Il be identical.	et address of the business office of its reg	<u>-</u>
authorized by	the board, or the corporation has been i	ted by its board of directors of by an offic notified in writing of the change.	
O De	eer Stean of the correction	Maria Mendez, President	<del></del>
I hereby accept further performance of agent. Dr. if it hereby confirm	of the appointment as registered agent to to comply with the provisions of all sta of my duties, and I am familiar with and his apolyment is being filed merely to ru n that the corporation has been notified	and agree to act in this capacity, atutes relative to the proper and complete I accept the obligation of my position as r effect a change in the registered office add I in writing of this change.	e registered dress, I
1	Alanden	December 29, 2014	
If signing on b	chalf of an entity:	Date	_
Josie A So	rensen on behalf of Incorp Sen Typed or Printed Name	rices, Inc.	
	* * * FILING F	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)