63645 600007941196--7 -09/23/02--01031--011 ****175.00 *****35.00 MAINGATE WEST 7980 W. IRLO BRONSON HWY. KISSIMMEE, FLORIDA 34747 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) Certified Copy Pick up time ☐ Walk in ☐ Will wait Photocopy Certificate of Status ☐ Mail out **AMENDMENTS NEW FILINGS** Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATIO OTHER FILINGS Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initia

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

-	-		e, 617.0302, 607.1. e laws of the State o		08, Floria	la Statutes,	
submits the follov the State of Florid 1. The name of th	ła.	Florida Splendid	ge its registered og China, Inc.	ffice or register	ed agent,	or both, in	
2. The mailing ad	dress of the cor	3000 poration :	Splendid China Blvd.,	, Kissimmee, FL 3	32747	<u> </u>	
3. Date of incorp	oration/qualific	ation: 6/27/91	Doc	ument number:	S63645		
4. The name and a	address of the c	urrent registered					
	Cao, Xiaoning						
	3000 Splendid Ch	ina Blvd.					
<u></u>	Kissimmee, FL 32	2747		·			
5. The name and address of the new registered agent (if changed) and/or registered (P. O. Box Not Acceptable) Lin, Bochun					office (if changed):		
Such change was authorized by the	authorized by a boand	resolution duly a	street address of t	d of directors o	or by an of	fficer so	
(Signature of a	n officer, chairman	or vice chairman of t	he board)	- · / _{(I}	- 09 - Date)		
I	ou Xinjian,	Director					
Having been nam corporation, I her further agree to performance of m registered agent.	(Printed or typed ed as registered eby accept the comply with the duties, and I	,	ccept service of pr registered agent a ull statutes relative a and accept the ob	rocess for the a and agree to ac to the proper bligation of my		ad appacity. lete	
(Sign	ature of Registered	Agent)		(Date)	SS.V		
f signing on behalf or					SEE.I	23	
	Bochun ed or Printed Name)		<u>Director</u> (Capacity)			
		* * * FILING	FEE: \$35.00 * * *	*	VOND	7: 39	