6/17/24, 3:04 PM



## Florida

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(((H240002110123)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178

Fax Number : (214)317-4754

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## REGISTERED AGENT CHANGE 3L GLOBAL ELECTRONICS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
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To: 18506176380 From: 12147128131 Date: 06/17/24 Time: 10:07 PM Page: 02/02

(((H24000211012 3)))

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

statement of che	ange is submitted for a corporation org	2502, 607.1508, or 617.1508, Florida State ganized under the laws of the State of $\frac{FL}{r}$ istered agent, or both, in the State of Flori	
1. The name of	the corporation: 3L GLOBAL ELECTR	RONICS, INC.	
2. The principal FORT MYERS,	l office address: 5237 SUMMERLIN CO	MMONS Suite 400	
3. The mailing a	address (if different):		- <del></del> -
	poration/qualification: 09/09/1991	Document number: S79394	
5. The name and Florida Depar	d street address of the current registered riment of State: (If resigned, enter resigned,	dagent and registered office on file with the	าย
	Legaline Corporate Services		20
	5237 SUMMERLIN COMMONS STE	400	2024 JUN 18
	FORT MYERS, FL 33907	<del></del>	<b>Z</b>
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office	588
	LEGALINC CORPORATE SERVICES	SINC.	원 <b>1.9</b>
	476 Riverside Ave.		0
	P.O. J Jacksonville, FL 32202	Box NOT acceptable	
The street addre	ess of its registered office and the street be identical.	et address of the business office of its reg	gistered agent,
Such change was	as authorized by resolution duly adopt he board, or the corporation has been i	ted by its board of directors or by an offic notified in writing of the change.	cer so
		LIU, WEIYANG / PRESIDENT	
	re of an afficer of director	Printed or typed name and title	<del></del>
i hereby decept I further agree t of my dutles, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sta and I am familiar with and accept the of ing filed merely to reflect a change in a been notified in writing of this chang	and agree to act in this capacity, atutes relative to the proper and complet bligation of my position as registered ag the registered office address, I hereby co te.	e performance ent. Or if this infirm that the
2.	an Marile	6/17/2024	
Sign	nature of Registered Agent	Date	· · · · · · · · · · · · · · · · · · ·
if signing on be	half of an entity:		
John Moseley			
Ϊ <sub>λ</sub>	yped or Printed Name		
	* * * FILING I	PEE: \$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)