

P02000117559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

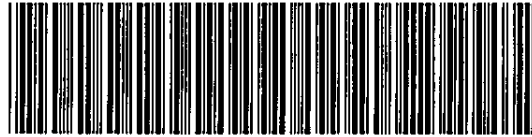
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. A. Chong

C. Goulette FEB 09 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARKTORS CORP
(Name of Corporation)

DOCUMENT NUMBER: P02000117559

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:

NIRAINA MACHIN-PERALTA
(Name of Contact Person)

ARKTORS CORP
(Firm/Company)

32334 SW 203 Ct.
(Address)

HOMESTEAD FL 33030
(City/State and Zip Code)

For further information concerning this matter, please call:

NIRAINA M-PERALTA at 786.2821014
(Name of Contact Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2007

NIRAI DA MACHIN-PERALTA
AIRKOLORS CORPORATION
32334 SW 203 CT
HOMESTEAD, FL 33030

SUBJECT: AIRKOLORS CORPORATION
Ref. Number: P02000117559

We have received your document for AIRKOLORS CORPORATION and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You are only allowed to have one registered agent so if this is two persons, you will need to remove one person. The address we are showing on the system is the same one you are trying to add on this application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 607A00005259

RECEIVED
CORPORATION DIVISION
07 FEB 2007
TALLAHASSEE, FL

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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: AIRKOLORS Corp.
- 2. The principal office address: 32334 SW 203 Ct.
NOMESTEAD, FL 33030
- 3. The mailing address (if different): PO BOX 343999
NOMESTEAD, FL 33034
- 4. Date of incorporation/qualification: _____ Document number: P02000117559
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

28100 W80 ST #201
NIALAH FL 33018
NIRADA MACNIN PERALTA & ~~JUAN PERALTA~~

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- NIRADA MACNIN PERALTA & ~~JUAN PERALTA~~
32334 SW 203 Ct.
(P.O. Box NOT acceptable)
NOMESTEAD FL 33030

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)

NIRADA M-PERALTA
(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)

11/30/00
(Date)

If signing on behalf of an entity:

(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 32304

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TALLAHASSEE, FLORIDA