

170113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

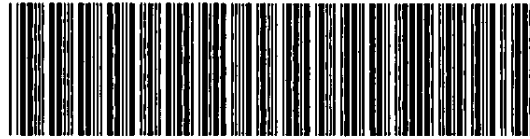
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000248397970

06/17/13--01028--023 \*\*105.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUN 17 PM 2:40

JUN 20 2013

T. BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AAXICO SALES INC  
Name of Corporation

**DOCUMENT NUMBER:** 170113

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:

TRACY CRANE  
Name of Contact Person

AAXICO SALES INC  
Firm/Company

PO BOX 468  
Address

ADA, MI 49301  
City/State and Zip Code

TCRANE@AAXICO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACY CRANE at ( 305 ) 592-4633  
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

**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: AAXICO SALES INC
2. The principal office address: 8881 NW 17th TERRACE, DORAL, FL 33172
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 8/21/1952 Document number: 170113
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)

GINSBURG, DENNIS  
1500 SAN REMO AVE, SUITE 125  
CORAL GABLES, FL 33146

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

NRAI SERVICES, INC  
1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, FL 33324

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUN 17 PM 2:40

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.

Steven Friedl  
Signature of an officer or director

Steven Friedl's CFO  
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.*

Michele Holden  
Signature of Registered Agent

06/06/13  
Date

If signing on behalf of an entity:

Michele Holden, Assistant Secretary  
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