#### oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

SIGNATURE: JANE MILLMAN Electronic Signature of Signing Officer/Director Detail

City-State-Zip: MIAMI FL 33156 City-State-Zip: MIAMI FL 33156

| Officer/Director Detail : |               |         |                |
|---------------------------|---------------|---------|----------------|
| Title                     | D             | Title   | D              |
| Name                      | MILLMAN, JANE | Name    | MILLMAN, YORAM |
| Address                   | 9424 SW 69 CT | Address | 9424 SW 69 CT  |
|                           |               |         |                |

# The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

2315 NW 107TH AVENUE, BOX 114 SUITE 1M12 MIAMI, FL 33172

## **Current Mailing Address:**

2315 NW 107TH AVENUE, BOX 114 SUITE 1M12 MIAMI, FL 33172

### FEI Number: 20-3194128

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MILLMAN, JANE

9424 SW 69 CT MIAMI, FL 33156 US

SIGNATURE:

# **Current Principal Place of Business:**

#### 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: AIKO LUXURY LINENS, CORP.

## DOCUMENT# P05000101052

01/18/2016

### FILED Jan 18, 2016 Secretary of State CC3068855448

Certificate of Status Desired: No

Date

PRESIDENT