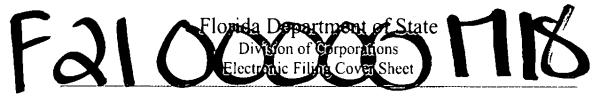
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone

: (888)705-7274

Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

C41	Address:			
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REGISTERED AGENT CHANGE OROKII, INC.

J. HORNE DEC 28 2023

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COVER LETTER

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TO: Amendment Section Division of Corporations	
, , , , , , , , , , , , , , , , , , ,	
SUBJECT: OROKII, INC. Name of Corporation	· <u> </u>
Name of Corporation	
DOCUMENT NUMBER: F21000001718	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	·-
5301 Southwest Pkwy Suite 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, ple	ease call:
Mary Castillo	at (888) 705-7274 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the D	department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the oration organized under the laws of the State of Delaware	
		fice or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: OROKII,	, INC.	
2. The principal	office address: 56 WELLING	GTON ROAD EAST BRUNSWICK, NJ 08816	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 03/18	Document number: F21000001718	
	I street address of the current street of State: (If resigned,	at registered agent and registered office on file with the enter resigned)	
	REGISTERED AGENT SOU	ULUTIONS, INC.	
	155 OFFICE PLAZA DR.		
	Tallahassee, FL 32301		
6. The name and (if changed):	d street address of the new re	egistered agent (if changed) and /or registered office	23
	Registered Agent Solutions,	Inc.	
	2894 Remington Green Ln. S	Ste. A	/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		P.O. Box NOT acceptable	<i>:</i>
	Tallahassee, FL 32308		
		and the street address of the business office of its registere	
Such change was authorized by the	as authorized by resolution he board, or the corporation	duly adopted by its board of directors or by an officer so that been notified in writing of the change.	
isi Macken	ızie Hibler	Mackenzie Hibler, Authorized Person	
I hereby accept I further agree of my duties, ar document is be	to comply with the provisio. al Lom familiar with and a	Printed or typed name and title ered agent and agree to act in this capacity. ons of all statutes relative to the proper and complete per except the obligation of my position as registered agent, change in the registered office address, I hereby confirm of this change.	er, u ous
11.	اللماماط	12/26/2023	
Sig	gnature of R gardered Agent	Date	
If signing on bo	ehalf of an entity:		
Mackenzie Hibl	er, Assistant Secretary		
T	Typed or Printed Name		

* * * FILING FEE: \$35.00 * * *