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Akemi ©zaki 7301 Mardeli Ct Orlando, FL 32835	onesinie Neme)		
(Address)			
(City/State/Zip/Phone #)			
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EXAMINER



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SECRETARY DESERTANT OF STATEMENT OF STATEMEN

COVER LETTER

Division of Corporations		
SUBJECT: OLAKI GLOBALL (Name of Limi	ted Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
AKEMI OXAKI (Name of Person)		
(Name of Person)		
OZAKI GLOBIL SUPPLIER LIC (Firm/Company)		
(Finiscompany)		
730) MARDELL CT		
7301 MAR DELL CT (Address)		
no14NDO. FL 39825		
ORIANDO, FL 32835 (City/State and Zip Code)	•	
For further information concerning this matter, plea	ase call:	
AKEMI OFAKI at (at (407) 879 2224	
	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
☎ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: OLAKI GLA	OBIL SUPPLIER ILC		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	DRIANDO, FL 3280(
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	730 1 MARDELL CT ORLANDO, FL 32885		
<u> 2</u> 08 2008	26-3827466 L08-111763		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:		
Registered Agent:	AKEME OZAKI		
Registered Office Address:	7301 HARDELL CT		
	ORLANDO, FL , 32835		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY</u>	W Registered Office address:		
NEW Registered Agent:	AKENT OLANT THE		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	117 E. AMELIA ST :		
	ORNANDO ,FL 3280/		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. AKCHI OSALT (Signature of a member or authorized representative of a member)			
AKEM I OXAKI (Printed or typed name of signee)	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.		
(Signature of Registered Agent)			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00