L23000447352

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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(((H23000301794 3)))

H23000301794 3E03

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MILAM HOWARD, ET.AL.
Account Number : I20000000206
Phone : (904)357-3660
Fax Number : (904)357-3661

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

Email Address: RA@MHCorpServices.com

RECEIVED
2023 SEP -1 AM 8:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 SEP -1 AM 8:33

## REGISTERED AGENT CHANGE
## AKSOY USA HOLDINGS ONE, LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $35.00 |

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**COVER LETTER** (((H23000301794 3)))

TO: Registration Section
Division of Corporations

SUBJECT: AKSOY USA HOLDINGS ONE, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

G. Alan Howard
Name of Person

Milam Howard Nicandri & Gillam, P.A.
Firm/Company

14 East Bay Street
Address

Jacksonville, Florida 32202
City/State and Zip Code

RA@MHCorpServices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Travis at (904) 357-3660
Name of Person Area Code & Daytime Telephone Number

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

**Street Address:**
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

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

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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: AKSOY USA HOLDINGS ONE, LLC

2. (a) 14 East Bay Street
Jacksonville, Florida 32202
Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)

(b) 14 East Bay Street
Jacksonville, Florida 32202
Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)

3. 10/18/2022
Date of filing/registration in Florida

4. L22000347352
Document number

5. (a) Milam Howard Nicandri & Gillam, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
14 East Bay Street
Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)
Jacksonville, FL 32202

(b) MH Corporate Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
14 East Bay Street
NEW Registered Office Address:
Jacksonville, FL 32202

2023 SEP -1 AM 9:30

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.

Signature of a member or authorized representative of a member

G. Alan Howard, Authorized Agent
Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

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