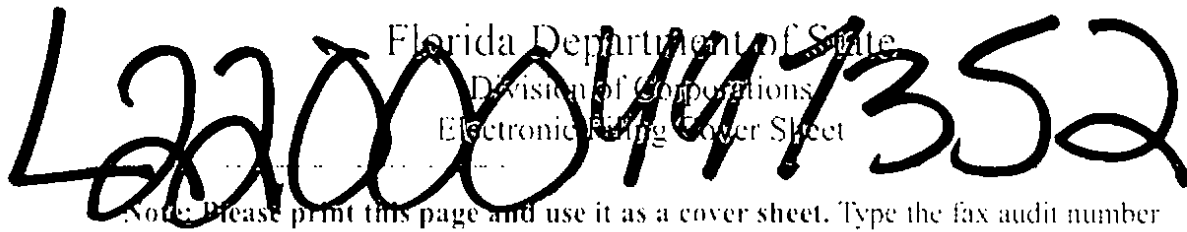


8/30/23, 9:08 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000301794 3)))



H230003017943AB03

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

2023 SEP -1 AM 8:30

RECEIVED

2023 SEP -1 AM 8:47

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE AKSOY USA HOLDINGS ONE, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

8/30/2023 9:08 AM

COVER LETTER

(((H1230003017943)))

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 & Gilliam, P.A.

Firm/Company

14 East Bay Street

Address

Jacksonville, Florida 32202

City/State and Zip Code

RA@MHCopServices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Travis

904 357-3660
at ()

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

((H23000301794 3))

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 (b) 14 East Bay Street

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Jacksonville, Florida 32202

Jacksonville, Florida 32202

10/18/2022

1.22000447352

3. Date of filing/registration in Florida

4. 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

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]

G. Alan Howard, Authorized Agent

Signature of a member or authorized representative of a member

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]

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00