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.

(((H230003019113)))



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 : 120000000206 Phone : (904)357-3660 Fax Number : (904)357-3661

标配管 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

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

Certificate of Status	0
Certified Copy	()
Page Count	02
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>AKSOY USA HOLDINGS THREE, LLC</u> Name of Lin	: nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge 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	<del></del>
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 repor	t notification)
For further information concerning this matter, please ca	all:
Kathleen Travis 90	94 357-3660 1
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	S55 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 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.

_	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)  Jacksonville, Florida 32202	_ ''	)	Mailing address of limited	11-1-111
_	Jacksonville, Florida 32202			(Note: MAY BE POST	
-		_	Jackso	onville, Florida 32202	
(		_			
	02/09/2023		E 2300	0061497	
	Date of filing/registration in Florida	4.		Document number	
(a) N	Milam Howard Nicandri & Giflam, P.A.				
· · —	Registered Agent and Registered Office shown on the records of th	ic Florida	Dept of	State:	
1	14 East Bay Street				
R	Registered Office Address <u>(MUST BE FLORIDA STREET A</u>	DDRESS	7	<del></del>	
_ _ _	Jacksonville FI	32202			
(b) N	MH Corporate Services, Inc				
E	inter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ad	dress.		27 (#4 13
1	14 East Bay Street				12
S	NEW Registered Office Address:				<del></del> >==== €
_ 	Jacksonville F1.	32202			k.1 7: 50
hange or gent wil /as/were ne arti <b>c</b> k	nited liability company is not organized under the law or changes are made, the Florida street address of the t Il be identical. Or, in the case of a Florida limited liab e authorized by an affirmative vote of the members of les of organization of the operating agreement of the li	egistere oility co Tthe lim	rd office mpany, ited liab	cand the business office of it is hereby confirmed the offity company or as other	of the registered at the change(s)
Ala	e of a member or authorized representative of a member	G. A	G. Alan Howard, Authorized Agent		
Signatur	e of a member or authorized representative of a member			Printed or typed name of	signee

Signature of Registered Agent

nosified in writing of this change.