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.

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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

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

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LLC REGISTERED AGENT CHANGE AKSOY USA HOLDINGS FOUR, LLC

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COVER LETTER

TO: Registration Section Division of Corporations		•
SUBJECT: <u>AKSOY USA HOLDINGS F</u> N	OUR, LLC Jame of Limite	d Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	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 & Giliam, P.A.		
Firm/Company		
14 East Bay Street		
Address		
Jacksonville, Florida 32202		
City/State and Zip Code	<u> </u>	-
RA@MHCorpServices.com		
E-mail address: (to be used for future a	nnual report n	otification)
For further information concerning this matt	er, please call:	
Kathleen Travis	9()4 at (357-3660
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the followi	ng amount:	
□ \$25 Filing Fee		1 \$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 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. N	fame of the limited liability company: <u>AKSOY USA I</u>	<u>IQLDIN</u>	<u>GS FOUR,</u>	LLC		
2. (a)	14 East Bay Street	(b	(b) 14 East Bay Street			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			dailing address of limi <u>(Note: MAY BE PO</u>		
	Jacksonville, Florida 32202		Jacksonvill	le, Florida 32202		
3.	03/15/2023 Date of filing/registration in Florida Milam Howard Nicandri & Gillam, P.A.	_ 4,		0618 Document number		
5. (a	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of State	· '`		
	14 East Bay Street					
	Registered Office Address (MUST BE FLORID + STREET)	•				
	Jacksonville, FL	32202				
(b)	MH Corporate Services, Inc.			` <u>_</u>	2#23 S	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ado	lress [.]			
	14 East Bay Street					
	NEW Registered Office Address:					
	Jacksonville FL	32202		Ţ.	<u>5</u>	
chang agent was/v	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of tieles of organization or the operating agreement of the	es of the legistere bility cou f the limi	d office and apany, it is ited liability	the business offic hereby confirmed company or as off	e of the registered that the change(s)	
. 1	16-14X	G. A	laa Howard,	Authorized Agent		
Sign	ature of a member or authorized representative of a member			Printed or typed name	-	
I hery provis the ol, to me notific	eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p digations of my position as registered agent as provided rely reflect a change in the registered office address. I had in writing of this change.	ze to act ; verforma Ljör in C. vereby co	in this capa nce of my d hapter 605, nfirm that t	city. I further agre- laties, and I am Jan F.S. Or, if this do he limited liability	re to comply with the niliar with and accept cument is being filed company has been	
Signal	ure of Registered Agent					