8/30/23, ±0:53 AM Division of Corporations

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> > (((H23000302044 3)))



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io:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MILAM HOWARD, ET.AL.

Account Number : 122000000206 Phone : (984)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.\*\*

RA@MHCorpServices.com

Email Address:

G18 850

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

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## COVER LETTER

	egistration Section ivision of Corporations		<b>,</b>
SUBJEC	Γ: <u>AKSOY USA HOLDINGS FIV</u> Nar		Liability Company
Dear Sir o			······································
		<i>(</i> 'l	d for each annual house of the efficient
	sed Registered Agent/Registered Off		-
Please reti	arn all correspondence concerning th	is matter to the	e following:
G. Alan He	oward		
	Name of Person		<del></del>
Milam Ho	ward Nicandri & Giliam, P.A.		
	Firm/Company		<del></del>
14 East Ba	y Street		
	Address		<del></del>
Jacksonvil	le, Florida 32202		
-	City/State and Zip Code		<del></del>
RA@MHC	lorpServices.com		
E-ma	ail address: (to be used for future ann	nual report noti	fication)
For furthe	r information concerning this matter.	please call:	
Kathleen T	ravis	9()4	357-3660
***************************************	Name of Person	w \	Area Code & Daytime Telephone Number
Ri D P.	lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Ei	nclosed is a check for the following	amount:	
ت	\$25 Filing Fee		S55 Filing Fee & Certified Copy

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

Page: 3

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.

2. (a)	14 East Bay Street		(Is) 14 East Bay Street				
i. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	···	(17)		Mailing address of lin (Note: MAY BE Po	nited liability company: OST OFFICE BON)	
	Jacksonville, Florida 32202			Jacksonvi	lle, Florida 32202		
		<del></del>		<del></del>		- <del></del>	
	_03/15/2023		ı	2300012	20747		
3.	Date of filing/registration in Florida	1. 			Document numbe	;r	
5. (a)	Milam Howard Nicandri & Gillam, P.A.						
(a)	Registered Agent and Registered Office shown on the records of	the Flo	rida I	Dept. of Stat	 te-		
	14 East Bay Street						
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)		<del></del> -		
	Jacksonville	3221	2		_		
	Jacksonville FI	·			<del></del>		
(b)	MH Corporate Services, Inc.						
(17)	Enter name of NEW Registered Agent and/or NEW Registered	Offic	r addi	<u>'ess</u>	_	235	
						2981 Sur-	
	14 East Bay Street					į	
	NEW Registered Office Address:					; 	
					_	- C	
						çö -	
	Jacksonville, FI	,3220 - <u></u>	2			<i>止</i> - ಒ	
thange igent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited for authorized by an affirmative vote of the members of the off organization on the operating agreement of the	regis ability of the	tered con limit	office an ipany, it i ed liabilit	id the business offi is hereby confirmed ty company or as o	ice of the registered and that the change(s)	
1, 1	All Man Howard.			l, Authorized Agent			
Signa	ture of a member or authorized representative of a member	-			Printed or typed nan	ne of signee	
Lherei provisi the obl to mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. If in writing of this change.	ce to perfo d för hereb	act i. rmar in Cl. v con	n this cap we of my apter 60: firm that	acity. I further ag duties, and I am ja 5, F.S. Or, it this a the limited liabilit	ree to comply with the imiliar with and accep locument is being tiled y company has heen	

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

Signature of Registered Agent