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(Document Number)		
Certified Copies	_ Certificates of	Status
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Amendment Section

TO:

Division of Corporations nakila Iki, Inc. DOCUMENT NUMBER: N 0000002915 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Victor Simmons
Name of Contact Person Lanakila Iki, Inc. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Victor Simmons
Name of Contact Person at (<u>954</u>) <u>629-2630</u> Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the corporation: Lanakila Iki, Inc.
2. The principal office address: 3192 Stirling Ave Unit F2 Hollywood, FL 33021
3. The mailing address (if different):
4. Date of incorporation/qualification: 05/01/2000 Document number: N00000002915
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
James Robert Shustack Jr.
3192 Stirling Rd unit F2
Hollywood, FL 33021
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
VICIOI SIMMONS
2331 NW 33 5 St. unit 316 77 3
Oakland Pack, FL 33309
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director THOMAS JAMES FOGAN - OFFICER /O.RECTORS Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
tiche Signature of Registered Agent 12/17/2019 Date/
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
(5 (04/13)

* * * FILING FEE: \$35.00 * * *