

N24 00000341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

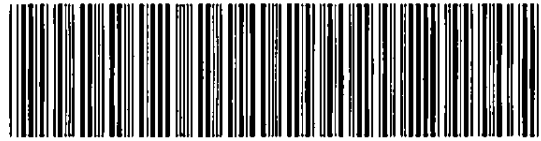
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARAMID INTERNATIONAL EDUCATIONAL CONSORTIUM, INC
Name of Corporation

DOCUMENT NUMBER: N24000003141

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:

PROF. PETER NDIANG'UI

Name of Contact Person

ARAMID CONSORTIUM

Firm/Company

2890 VIA PIAZZA LOOP

Address

FORT MYERS FL 33905

City/State and Zip Code

Pndiangui3@aol.com

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

For further information concerning this matter, please call:

Peter Ndiang'ui

Name of Contact Person

at (404) 759 3604
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ARAMID INTERNATIONAL EDUCATIONAL CONSORTIUM, INC
2. The principal office address: 2890 VIA PIAZZA LOOP
FORT MYERS FL 33905
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/8/2024 Document number: _____
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)

PETER NDIANGUI

2890 VIA PIAZZA LOOP

FORT MYERS FL 33905

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SAMUEL NJENGA

641 SW 113TH AVE,

P.O. Box NOT acceptable

PEMBROKE PINES, 33025

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

PETER W. ENGLISH
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.


Signature of Registered Agent

05/22/2024

Date

If signing on behalf of an entity:

SAMUEL NJENGA

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)