

P160000030032

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **AIKO Enterprises, Inc.**

Name of Corporation

DOCUMENT NUMBER: **P16000030032**

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:

Benjamin Arnold

Name of Contact Person

AIKO Enterprises, Inc.

Firm/Company

630 W. Adams Street , Suite #306

Address

Jacksonville, Florida 32204

City/State and Zip Code

ben@aikoinc.net

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

For further information concerning this matter, please call:

Benjamin Arnold

Name of Contact Person

904 334-5059

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

**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: AIKO Enterprises, Inc.
2. The principal office address: 630 W. Adams Street, Suite #306
Jackson, FL 32202
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/01/2016 Document number: P16000030032
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)

Karen Cummings

219 N. Newnan Street, 2nd Floor

Jacksonville, FL 32202

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

Benjamin Arnold

630 W Adams Street, Suite #306

P.O. Box NOT acceptable

Jacksonville, FL 32202

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.

Benjamin B. Arnold
Signature of an officer or director

Benjamin Arnold- President

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.

Benjamin B. Arnold
Signature of Registered Agent

12/01/2017

Date

If signing on behalf of an entity:

Benjamin B. Arnold
Typed or Printed Name

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

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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STATE OF FLORIDA
ALL AGENTS