P17000004957

(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

	nendment Section asion of Corporations	
SUBJECT	Riken's Miller	nium Sommer Comp
DOCUME	nt number: <u> </u>	4957
The enclose	ed Statement of Change of Registered Of	ice/Agent and fee are submitted for filing.
Please retur	m all correspondence concerning this mat	ter to the following:
	Ledonas Name of C	omact i ciron
	Kiken's Mill	ennium Services Corp.
	855 NE 179	Terrace.
	North Miam Chy/State	i beach FL 33/62 and Zip Code
	Riken b 100 & E-mail address (To be used for	g mail. Com Com Chure annual report notification)
For further	information concerning this matter, pleas	e call:
Ri	Kem Jean Philips	ne at (305) 335-3633 Area Code & Daytime Telephone Number
· : 🔊	Name of Contact Person //	Area Code & Daytime Telephone Number
Enclosed is	a \$35.00 check made payable to the Dep	artment of State.
11 222 14	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
	ramanassec, fl 52514	2001 Executive Celler Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 26, 2017

RIKEM JEAN PHILIPPE 855 NE 179 TERR N MIAMI BEACH, FL 33162

SUBJECT: RIKEN'S MILLENNIUM SERVICES CORP

Ref. Number: P17000004957

We have received your document for RIKEN'S MILLENNIUM SERVICES CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Profit corporation the document you sent in is for a LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 717A00010717

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

statement of char	provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of <u>Florida</u> to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: Riken's Millennium Services Corp.
	office address: 13391 Memorial Hwy N Miami FL 33161
3. The mailing ac	North Miami Beach, FL 33/62
4. Date of incorp	oration/qualification: <u>01-13-2017</u> Document number: <u>71700000 4957</u>
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Ledonas Dorcely
	855 NE 179 Terraco.
	N Miami Beach, FL 33/62 2 2 TI
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office = Rikem Jean-Philippe
	855 NE 179 Terrace 5 3
	N Miami Beach, FL 33/62
The street address as changed will I	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Lite.	of an officer or director Rikem Jean Philippe Printed or typed name and title
I further agree to performance of r agent. Or, if this	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete The duties, and I am familiar with and accept the obligation of my position as registered To document is being filed merely to reflect a change in the registered office address, I That the corporation has been notified in writing of this change.
Lede	mas Jorcely 6-01-2017 ature of Registered Agent 6-01-2017
If signing on beh	nalf of an entity:
LEDO	NAS DORCELY ped or Printed Name

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

Make checks payable to Florida Department of S