

P18000072212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

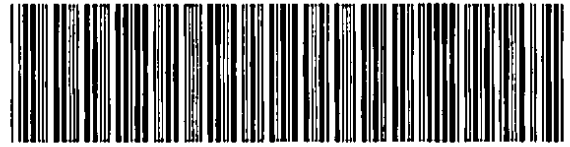
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JUL 17 2019
S. YOUNG

SECRET
FALLMONT, IL 60130

19 JUL 16 AM 9:57

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2019

MYCORPORATION
ATTN: FULFILLMENT DEPT
26025 MUREAU ROAD STE 120
CALABASAS, CA 91302

SUBJECT: MINIKE LOGISTICS INC.
Ref. Number: P18000072212

Re-submission
w/ additional
\$ 10.00
check
attache

We have received your document for MINIKE LOGISTICS INC. and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$10.00. Please return a copy of this letter to ensure your money is properly credited.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 019A00013127

2019 JUL 16 PM 1:18

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RECEIVED

www.sunbiz.org

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MINIKE LOGISTICS INC.
Name of Corporation

DOCUMENT NUMBER: P18000072212

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:

MYCORPORATION

Name of Contact Person

MYCORPORATION

Firm/Company

26025 MUREAU RD SUITE 120

Address

CALABASAS, CA 91302

City/State and Zip Code

PROCESSING@MYCORPORATION.COM

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

For further information concerning this matter, please call:

PROCESSING

Name of Contact Person

at (877) 692-6772

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: MINIKE LOGISTICS INC.
2. The principal office address: 315 WINDSOR ST LAKELAND, FL 33803
3. The mailing address (if different): 315 WINDSOR ST LAKELAND, FL 33803
4. Date of incorporation/qualification: 08/22/2018 Document number: P18000072212
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)

MyCorporation Business Services, Inc.

2455 Hollywood Boulevard PSN #316

Hollywood, FL 33020

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

Legalinc Corporate Services Inc.

5237 Summerlin Commons Suite 400

P.O. Box NOT acceptable

Fort Myers, FL 33907

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.

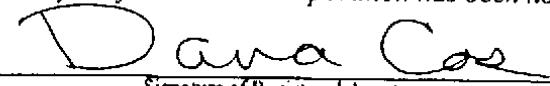


Signature of an officer or director

Michele Jones

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

6.14.19

Date

If signing on behalf of an entity:

Dana Case, Manager

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 (03/12)

FILED
19 JUL 16 AM 9:57
TALLAHASSEE, FL 32304