

P180000 97881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

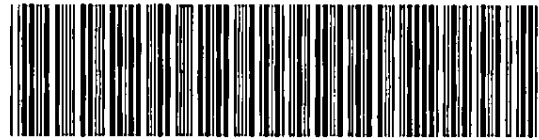
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600330391026

06/25/19--01031--007 \*\$55.00

FILED

JUN 25 P 2 36

FILED

JUN 27 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: INTERKOI INCORPORATED  
Name of Corporation

DOCUMENT NUMBER: P18000097881

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:

SCOTT KOIZUMI  
Name of Contact Person

UDI  
Firm/Company

11225 ST. JOHNS INDUSTRIAL PARKWAY  
Address

JACKSONVILLE, FL 32246  
City/State and Zip Code

SCOTT KOIZUMI @ GMAIL . COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT KOIZUMI at ( 707 ) 208-1324  
Name of Contact Person 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: INTER KOI INCORPORATED
2. The principal office address: 11225 ST. JOHNS INDUSTRIAL PARKWAY  
JACKSONVILLE, FL. 32246
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/30/18 Document number: P18000097881

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)

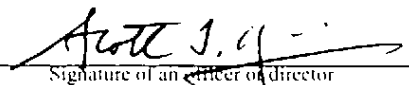
KOIZUMI, SCOTT  
1217 EAST COLONIAL DRIVE  
ORLANDO, FL. 32803

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

KOIZUMI, SCOTT  
11225 ST. JOHNS INDUSTRIAL PARKWAY  
P.O. Box NOT acceptable  
JACKSONVILLE, FL 32246

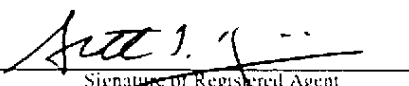
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

SCOTT KOIZUMI  
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

6/10/19  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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