## P980000 88443

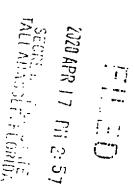
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## **COVER LETTER**

Amendment Section

TO:

Division of Corporations	
SUBJECT: Ayeo Farms, Inc. Name of Corporation	
DOCUMENT NUMBER: 1º98000088443	
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Avi Nir	
Name of Contact Person Ayeo Farm, Inc.	<del></del>
Firm/Company 1501 NW 12th Ave.	
Address Pompano Beach, FL 33069	
City/State and Zip Code legal@aycofarms.com	<del>- , , , , , , , , , , ,</del>
E-mail address: (to be used for future annual)	report notification)
For further information concerning this matter, pl	lease call:
Avi Nir	at ( 954 788-6800 )  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the D	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

CR2E045 (04/13)

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

statement, of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
1. The name of the corporation:  Ayco, Farms Inc.  1. The principal office address:  Ayco, Farms Inc.  1501 NW 12th Ave - Pompano Beach, FL - 33069			
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification:	8 P98000088443  Document number:	
	I street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	SHINDER, LANCE W. Esq.		
	398 CAMINO GARDENS BLVD	) - STE. 109	
	BOCA RATON, FL 33432		
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office	
	Lance Shinder - Black Srebnick K	Cornspan & Stumpf, PA	
	One Town Center Road, Suite 20		
	Boca Raton, F1 33486	P.O. Box NOT acceptable	
The street addre	ss of its registered office and the be identical.	e street address of the business office of its registered agent	
Such change wa authorized by th	is authorized by resolution duly a board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.	
		Avi Nir - President	
- /	of an other ordirector	Printed or typed name and title	
I further agrée t ôf my duties, an document is bei	the appointment as registered at to comply with the provisions of a lam familiar with and accept and filed merely to reflect a change been notified in writing of this contact.	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address. I hereby confirm that the change.	
Sigi	nature of Poglstered Agent	Date	
If signing on be	half of an entity:		
Ту	sped or Printed Name	_	

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