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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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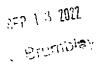
## LLC REGISTERED AGENT CHANGE ARAV FLORIDA LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	une of the limited liability company: Arav Flo	rida LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	09/21/2021  Date of filing/registration in Florida  CORPORATE CREATIONS NETWO	4. PRK INC.	000417359  Document number
	Registered Agent and Registered Office shown on the records o  801 US HWY 1  Registered Office Address (MUST BE FLORIDA STREET)		
(b)	NORTH PALM BEACH F Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	APPRUVED AND FILED  2022 SEP 12 PM 4:  SECRETARY OF STATEMENT AND	
	NEW Registered Office Address: STE 300	33702	
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the State of of the registered of liability company, of the limited liab	Tice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  rk
I here provisi the obl to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, if in writing of this change.	gree to act in this of performance of the for in Chapter I hereby confirm to the Secretary	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed hat the limited liability company has been

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent