

F9-700000051Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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04 OCT 25 AM 11:03
SEC. OF STATE
TALLAHASSEE, FLORIDA

FILED

SP
RAIRO
chg.
10/27/09



NATIONAL SERVICE INFORMATION, INC.

www.nsii.net

September 14, 2004

To Whom It May Concern:

Please file the enclosed change of agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 118

Sincerely,

Traci Smith

Corporate Services Manager



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 29, 2004

Traci Smith, Corporate Services Manager
P.O. Box 6293
Marion, OH 43301-6293

SUBJECT: ARVIM, INC.
Ref. Number: F97000000512

We have received your document for ARVIM, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Enclosed is the correct form for changing the agent of a corporation. The subject entity is not an alien business organization which was the form type originally submitted.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 504A00056768

RECEIVED
04 OCT 25 AM 10:11
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARVIM, INC.
(Name of corporation)

DOCUMENT NUMBER: F97000000512

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:

Traci Smith
(Name of person)

National Service Information, Inc.
(Name of firm/company)

145 Baker Street
(Address)

Marion, Ohio 43302
(City/state and zip code)

For further information concerning this matter, please call:

Traci Smith at (800) 235-0337 ext. 118
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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 California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ARVIM, Inc.
2. The principal office address: 245 Fischer Avenue D-1 Costa Mesa CA 92626
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/30/1997 Document number: F97000000512
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

National Registered Agents, Inc.

526 E. Park Avenue

Tallahassee, Florida 32301

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

NRAI Services, Inc.

526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

FILED
OCT 25 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Carmin Grandinetti
(Signature of an officer or director)

Carmin Grandinetti, Sr VP
(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.

NRAI Services, Inc.

by: Nail Smith
(Signature of Registered Agent)

10/11/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314