DOCUMENT # L03000019542



SECRETARY OF STATE DIVISION OF CORPORATIONS

Suite. Apt #, etc. Suite. Apt #, etc. Suite. Apt #, etc. 1052004 REIN-LLC CR2ETOT (6/04) 1. Et Number Cry & Stato Cry & Stato Country Country Country Country Country Country S. Certificate of Status Desired Rost Application 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent PALMETTO, FL 34221 Cry Street Address (P.O. Box Number is Not Acceptable) Cry FL Zip Code Cry Street Address (P.O. Box Number is Not Acceptable) FILE NOWIII FEE Is \$150.00 After January 1, 2005, Fee will be \$200.00 S. MANAGINS MEMBERS MANAGERS IN STATE MORESS CRY-57-29 IN MANAGINS MEMBERS MANAGERS IN MANAGIN	Entity Name ARA FINANCIAL GROUP, LLC				04 NOV 10 AM 8: 58	
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B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florica. I sam familiar with, and accept the obligations of registeroral agent. SIGNATURE: Signature space of principle are or registered agent, or both, in the State of Florica. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I sam familiar with, and accept the State of Florica agent	6. N			Name	7. Name and Address of New Registered Agent	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered gent. In the State of Fiorida. Lam familiar with, and accept the obligations of registered gent. In the State of Fiorida. Lam familiar with, and accept the obligations of registered gent. In the State of Fiorida. Lam familiar with, and accept the obligations of registered gent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the state of registered agent, or both, in the State of Fiorida agent, or both, in the State of	ASFUR, SAMUEI 402 ROYAL PALI PALMETTO, FL.	M BLVD (102 12 34221	ts (East)	Street Add	dress (P.O. Box Number is Not Acceptable)	
SIGNATURE: Change Addition				City	FL Zip Code	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section \$19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	
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