#13000084558

(Re	questor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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		- - -			

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K.SALY EXAMINER JUN 3 0 2015

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: ARESE Holdings LLC					
Name o	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this n	natter to the following:				
Name of Person					
In Capo Services I	- 0C				
In Corp Services Inc Firm/Company					
17888 67 Gust North					
Address					
Loxahatchee FL 33470					
City/State and Zip Code					
documents@incorp.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
-					
	at ()				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations Division of Corporations					
Clifton Building P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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.

2. (a)	Name of the limited liability company: ARESE Holding			(b) 40 Sw 13th Street, 804		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Miami, FL 33130		Miami	i, FL 33130		
	06/11/2013		L13000	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
3.	Date of filing/registration in Florida		4. ———	Document number		
5. (a)	CORPORATE SOLUTIONS LLC					
5. (a)	Registered Agent and Registered Office shown on the recor	rds of the l	lorida Dept. of	State:		
	40 Sw 13Th Street		•			
	Registered Office Address (MUST BE FLORIDA STR	EET ADD	RESS)	2015 - FAIL		
	Miami	_, FL	33130			
(b)	InCorp Services, Inc.			المالية		
(0)	Enter name of NEW Registered Agent and/or NEW Regis	stered Off	ice address:	— PR 17		
				32		
	17888 67th Court North			<u>. </u>		
	NEW Registered Office Address:					
	Loxahatchee	. FL	33470	_		
the cha agent was/w the art	limited liability company is not organized under the ange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit ero authorized by an affirmative vote of the membicles of organization or the operating agreement of a member of	ess of the ted liabil pers of th	registered of ity company, le limited liah	ffice and the business office of the registered it is hereby confirmed that the change(s) will be company or as otherwise provided in		
the obj	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provided a change in the registered office address of interviting of this change. On behalf of income of legistered Agent	plete per ovided fö ss, I here	formance of i r in Chapter by confirm ti	capacity. I further agree to comply with the		
1	Division of Corporations P		6327• Talla \$25.00	hassee, FL 32314		