## 118000169003

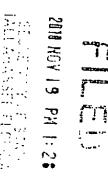
(Requestor's Name)					
(Address)					
(Address)					
(City	/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Doc	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					





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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SHRI	ART'ELECOMMUNICATIO	NS LLC		
3010		ne of Limited	d Liability Company	
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered Off	fice Change	and fee(s) are submitted for filin	ıg.
Pleas	e return all correspondence concerning th	nis matter to	the following:	
ALT	WAN MONTINA			
	Name of Person		<del></del>	
ART	'ELECOMMUNICATIONS LLC			
	Firm/Company		<del></del>	
7904	4 KIMBERLY BLVD			
	Address		<del></del>	2018
NOF	RTH LAUDERDALE, FL 33068			2018 HOV 1 9
	City/State and Zip Code		<del></del>	5
MOI	NTINAS.CORP@GMAIL.COM			ms. <b>7</b>
	E-mail address: (to be used for future an	nual report n	otification)	三 三 2
For fi	urther information concerning this matter	, please call:		34
ALT	WAN MONTINA	954 at (	856-5990	
	Name of Person	\	Area Code & Daytime Te	lephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following	g amount:		
	<b>☑</b> \$25 Filing Fee		1 \$55 Filing Fee & Certified Co	py

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.

1.	Na	me of the limited liability company: ART'ELECOM	IMUNI	CATIONS	LLC
າ	(a)	ART'ELECOMMUNICATIONS LLC	(b	ART'ELI	ECOMMUNICATIONS LLC
A	(47	Principal office address of limited liability company:  ( <u>Note: MUST BE STREET ADDRESS</u> )	_ (**	·	Hailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		7904 KIMBERLY BLVD,		7904 KI	MBERLY BLVD,
		NORTH LAUDERDALE, FL 33068	_	NORTH	LAUDERDALE, FL 33068
		07/12/2018		L1800016	§9003
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	REGISTERED AGENTS INC		4	
		Registered Agent and Registered Office shown on the records of the 3030 N. ROCKY POINT DRIVE	ie Florida	: Dept. of State	::
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) STE 150A			<b>~3</b>
		TAMPA	33607		VON 182
	(b)	ALTWAN MONTINA			500 Q PROPERTY OF THE PERTY OF
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			(A-4) (E-21)
		7904 KIMBERLY BLVD.	PH 12		
		NEW Registered Office Address:		_	To the second se
				•	
		NORTH LAUDERDALEFL	33068		_
the ag	ent v es/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reginality confirmation that the limited l	stered office ompany, it is sited liability liability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
٤		Utum	AL	TWAN MC	
		ture of a member or authorized representative of a member			Printed or typed name of signee
pr the to	ovisi 2 obl mere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d'in writing of this change	ze to act perform I for in ( pereby co	in this cape ance of my e Thapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
Si	gnatu	Charall re of Registered Agent			

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