that my name appears above, or on an attachment with all other like empowered.	
SIGNATURE: CARLOS J FULLONE	PRESIDENT

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and

DOCUMENT# L12000100466

Entity Name: ARLEN HOUSE EAST 312 LLC

Current Principal Place of Business:

16790 NE 14 AVE UNIT 104 MIAMI. FL 33162

Current Mailing Address:

9700 S DIXIE HWY SUITE 930 MIAMI, FL 33156 US

FEI Number: 99-0379204

Name and Address of Current Registered Agent:

PBC ACCOUNTING AND TAX SERVICES CORP 9700 S DIXIE HWY SUITE 930 MIAMI, FL 33156 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

0/2023
Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

01/30/2023 Date