The above nam	ned entity submits this statement for the purpose of ch	anging its registered office or re	gistered agent, or both, in the State of F	lorida.
SIGNATUF	IRE: JAMES HELPIN, VP			01/20/2020
	Electronic Signature of Registered Agent			Date
Authorized	d Person(s) Detail :			
Title	MGR	Title	AUTHORIZED MEMBER	
Name	CARMICHAEL, MARK	Name	ARYV INC.	
Address	4425 WOODGATE DR.	Address	MARK CARMICHAEL, CEO	

City-State-Zip:

**Current Principal Place of Business:** 4425 WOODGATE DRIVE JANESVILLE. WI 53546

DOCUMENT# L14000037217

Entity Name: ARYV OF FLORIDA LLC

## **Current Mailing Address:**

4425 WOODGATE DRIVE JANESVILLE, WI 53546 US

## FEI Number: 46-5015029

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US

City-State-Zip: JANESVILLE WI 53546

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 that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK CARMICHAEL

01/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 20, 2020 Secretary of State 4020388622CC

Certificate of Status Desired: No

4425 WOODGATE DR.

JANESVILLE WI 53546

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

MANAGER