Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 Phone : (302)674-4089

Fax Number : (302)674-5266

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dmy@potamkinfamily.com

REGISTERED AGENT CHANGE ARPFOR HOLDINGS, LLLP

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LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

	ARPFOR H	oldings, LLLP	
•	Name of Limited Partnership or Liu	mited Liability Limited Partnership	
,	02/20/2014	3A14000000100	
Date of fi	ling/registration in Florida	Florida document number	
. The name of the	ne registered agent and the registered	i office address as shown on the records of the	Florida
	David	Yusko	
	Na	· · · · · · · · · · · · · · · · · · ·	
	5800 NW)71st Street	
		iress	\overline{z}
	Miami,	FL 33015	<u></u>
		te and Zip	Ì≥∱
5. The name and	Florida street address of the new re	gistered agent and/or office:	ASS.
	NRAI Services, Inc.		<u>т</u> -
	N	ame	
	1200 South Pine Island Road		₽Š.
	Florida street address (P.O. Box not acceptable)	2.3 .7
	Plantation,	FL 33324	4.2
		ate and Zip	
	·		
Signature of Ger		د_ر_	
	provisions of all statuted remarks to a with an occupit the offligations of line.	and agree to act in this capacity. I further agr the proper and complete performance of my di my position as registered agent.	ee to uies,
Filing Fee:	\$35.00		

Certified Copy (optional): \$52.50