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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: dmv@potamkinfamily.com

## REGISTERED AGENT CHANGE ARPUS 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.

1.	ARP	US Holdings, LLLP	
Nau	ne of Limited Partnership	or Limited Liability	Limited Partnership
2.	02/20/2014	3.	A14000000101
Date of filing/registration in Florida			Florida document number
4. The name of the rep Department of State;	gistered agent and the reg	ristered office address	as shown on the records of the Florid
		David Yusko	
•		Name	
	5800	NW 171st Street	
		Address	
	М	iami, FL 33015	
	Cit	ty, State and Zip	<i>_</i>
5. The name and Flor	ids street address of the n	ew registered agent a	nd/oroffice;
	NRAI Services, Inc.		
		Name	<del></del>
	1200 South Pine Island	Road	
	Florida street aild	ress (P.O. Box not ac	ceptable)
	Plantation,	F	L 33324
	Cit	ty, State and Zip	<del></del>
6 Snoh change(s) is/s	ure effective when filed by	v the Florida Departm	ent of State,
	И		
Mplo "	lon agenera L	<u></u>	
Signature of General F	'शाराज		
comply with the provis	sions of all statutes relation an occept the obligation	ve to the proper and c	in this capacity. I further agree to complete performance of my duties, gistered agent.
Filing Fee: Certified Copy (o	\$35.00 eptional): \$52.50		W21000240277 2