

08/30/2012 THU 18:54 FAX 9547828252
Division of Corporations
F11000000 2015
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : GENESIS TAX HOUSE OF FLORIDA, INC.
Account Number : 1201100000068
Phone : (866) 325-3829
Fax Number : 954-482-8252

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

Email Address: _____

REGISTERED AGENT CHANGE
ARCA US HOLDING CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RA Change

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Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS

Arca US Holding Corp
(Present name)

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of XXX in order to change its registered office or registered agent, or both, in the State of Florida.

I - NAME OF CORPORATION

The name of the Corporation is:
Arca US Holding Corp

II - PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office and mailing address of the Corporation are:

Principal Office
1100 S Federal Hwy Suite 1240
Deerfield Beach, FL 33441

Mailing Address
Same as principal.

III - DATE OF INCORPORATION/QUALIFICATION AND DOCUMENT NUMBER:

This Corporation was incorporated/qualified on 05/11/2011 with Document Number F11000002015.

IV - NAME AND ADDRESS OF CURRENT REGISTERED AGENT/REGISTERED OFFICE ON FILE WITH THE FLORIDA DEPARTMENT OF STATE (if resigned, enter resigned):

Genesis Tax House Corporation (resigned)
1100 South Federal Hwy
Deerfield Beach, FL 33441 US

V - NAME AND ADDRESS OF NEW REGISTERED AGENT/REGISTERED OFFICE (Po Box not acceptable):

Arnaldo C Campos
99 SE Mizner Blvd Apt. 829
Boca Raton, FL 33432 - US

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*

Arnaldo C. Campos

Signature

Name: Arnaldo C Campos

The street address of its registered office and the street address of the business office of its
registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer
so authorized by the board, or the corporation has been notified in writing of the change.

Arnaldo C. Campos

Signature

Name: Arnaldo C Campos

Title: President

08/15/2012

Date

