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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: PARANET CORPORATION SERVICES, INC.

Account Number : I200900000069 Phone

: (800)277-9977

Fax Number

: (800)815-0477

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

Email Address: SBrewer@annualregistration.com

REGISTERED AGENT CHANGE ARROW GLOBAL ASSET DISPOSITION, INC.

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COVER LETTER

TO:

Amendment Section
Division of Corporations

CT. ARROW GLOBAL ASSET DISPOSITION, INC.

Name of Corporation

DOCUMENT NUMBER, F12000005204

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL CASALE

Name of Contact Person

ARROW GLOBAL ASSET DISPOSITION, INC.

Firm/Company

9201 E. DRY CREEK ROAD

Address

CENTENNIAL, CO 80112

City/State and Zip Code

sbrewer@annualregistration.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop

.800

567-4397

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orgo r to change its registered office or regi	anized under the laws of th	e State of DE	_
1. The name of	the corporation: ARROW GLOBA	L ASSET DISPOSI	TION, INC.	
2. The principal	office address; 9201 E. DRY CREE		0 80112	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 12/28/2012	Document number	F12000005204	
	d street address of the current registered rtment of State: (If resigned, enter resig		e on file with the	
	NRAI SERVICES, INC		ZOIG DEC	
	1200 SOUTH PINE ISLAND	ROAD). Languages
	PLANTATION, FL 33324			
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or re	,	
	URS AGENTS, LLC			
	3458 LAKESHORE DRIVE			
	P.O. Box N TALLAHASSEE, FL 32312	OT acceptable		
	ess of its registered office and the street be identical. as authorized by resolution duly adopt the board, or the corporation has been i			ent,
Mill	<i>n</i> / 2 .	Michael Casale, V		n
Signati	ure of an officer or director	Printed or type	d name and title	
I hereby accept I further agree performance of agent. Or, if the hereby confirm	t the appointment as registered agent of to comply with the provisions of all sta my duties, and I am familiar with and its document is being filed merely to re that the corporation has been notified	and agree to act in this cap atutes relative to the prop I accept the obligation of r effect a change in the regis I in writing of this change.	oacity. er and complete ny position as registered stered office address, I	
₹ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	eneture of Registered Agent	- H 12/2	Jollo	_
If signing on be	ehalf of an entity:			
	shop, Assistant Secretary			
7	Typed or Printed Name			

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)