

**F17000005156**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

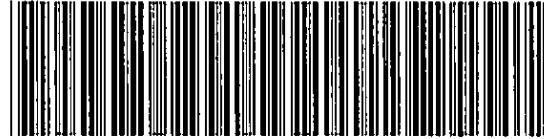
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/29/21--01019--001 \*\*35.00

2021 DEC 29 PM 12:46

DEC 29 2021

**S. YOUNG**

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: EHUD ARIAV ENTERPRISES, INC  
Name of Corporation

DOCUMENT NUMBER: F17000005156

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:

HAIM ARIAV

Name of Contact Person

EHUD ARIAV ENTERPRISES, INC

Firm/Company

Address

104 SPRINGMOOR WAY, PONTE VEDRA BEACH, FL 32082

City/State and Zip Code

HAIM@ARIAV.COM

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

For further information concerning this matter, please call:

HAIM ARIAV

Name of Contact Person

at ( 904 ) 304-5777

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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

*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 CALIFORNIA in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: EHUD ARIAV ENTERPRISES, INC
2. The principal office address: 4057 DONLON ROAD  
SOMIS, CA 93066
3. The mailing address (if different): PO BOX 1239, SOMIS, CA 93066
4. Date of incorporation/qualification: 11/09/2017 Document number: FL17000005156
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

HAIM ARIAV

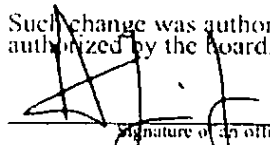
104 SPRINGMOOR WAY

P.O. Box NOT acceptable

PONTE VEDRA BEACH, FL 32082

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

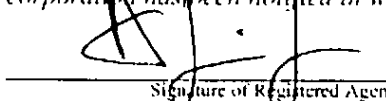
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

HAIM ARIAV, DIRECTOR

Printed or typed name and title

*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.*

  
Signature of Registered Agent

11/11/2021

Date

If signing on behalf of an entity:

HAIM ARIAV  
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 (04/13)