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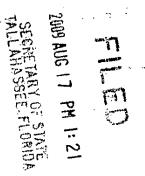
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Office Use Only



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T. CLINE

AUG 18 2009

EXAMINER

COVER LETTER

Division of Corpo	orations						
SUBJECT:		ARNISA	GRO	OUP. L	.LC		
SOBSECT:	<u>"</u>	of Limited				·	
Dear Sir or Madam:							
The enclosed Registered	Agent/Registere	d Office (Change	and fee	e(s) are submitte	d for filing.	
Please return all correspo	ondence concerni	ng this m	atter to	the foll	owing:		
	M S. ARYA			_			
Na	me of Person						
Fin	m/Company			-			
	ALM COVE DR	RIVE		_		200 TAL	
	Address			. •		2009 AUG 17 PM 1: 2 SECRETARY OF STATE TALL AHASSEE, FLORIO	a report
Р	ALM CITY	*,				AR.	
	ate and Zip Code			_		E O	
							E. man
RAMSARYA@YAHOO.COM E-mail address: (to be used for future annual report notification)							
E-mail address: (to be used	for future annual repo	ort notitication	on)			9" -	
For further information c	oncerning this m	atter, ple	ase call	:			
RAM S.	ARYA	at (732)	600-49	15	
Name of Pers	on			Area Code	e & Daytime Telepho	ne Number	
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, Florid	n ations nter Circle		Reg Div P.O	istration ision of . Box 63	ADDRESS: Section Corporations 327 Florida 32314		
Enclosed is a che	ck for the follo	wing amo	ount:				
\$25 Filing Fee		\$55 Filing Fee & Certified Copy					

INHS18 (5/08)

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR ... BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	ARNISA GROUP, LLC
2. (a) Principal office address of limited liability company	190 SW PALM COVE DRIVE
(Note: MUST BE STREET ADDRESS)	PALM CITY, FL 34990
(b) Mailing address of limited liability company:	SAME
(Note: MAY BE POST OFFICE BOX)	
5/10/2005	L05000048810
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	RAM S. ARYA
Registered Office Address:	210 SW WHITEWOOD BRIVES PORT ST LUCIE, FL 34953 > 17
	27 T
	SS -
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address
NEW Registered Agent:	RAM S. ARYA
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	190 SW PALM COVE DE 2
Moor Be I Bould His Title	PALM CITY ,FL 34990
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
RAM S. ARYA	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proand I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address. I hereby confirm that the limited liability company Signature of Registered Agent.	gree to act in this capacity. I further agree to per and complete performance of my duties, lition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00