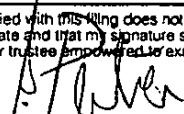


02-07-2008 90086 040 ***138.75

DOCUMENT # L07000053657				02-07-2008 90086 040 ***138.75	
1. Entity Name ARENA HOLDINGS, LLC					
Principal Place of Business 6545 HIDDEN BEACH CIRCLE ORLANDO, FL 32819		Mailing Address 6545 HIDDEN BEACH CIRCLE ORLANDO, FL 32819			
2. Principal Place of Business - Not P.O. Box # 9101 SOUTHERN BREEZE DR		3. Mailing Address 9101 SOUTHERN BREEZE DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302008 Chg-LLC CR2E083 (12/06)	
City & State ORLANDO. FL.		City & State ORLANDO. FL.		4. FEI Number 26-0297520 Applied For Not Applicable	
Zip 32836		Country U.S.A.		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, PRADEEP 6545 HIDDEN BEACH CIRCLE ORLANDO, FL 32819				7. Name and Address of New Registered Agent	
				Name PATEL PRADEEP	
				Street Address (P.O. Box Number is Not Acceptable) 9101 SOUTHERN BREEZE DR	
				City ORLANDO FL Zip 32836	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 01/31/07 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR PATEL, PARDEEP 6545 HIDDEN BEACH CIRCLE ORLANDO, FL 32819			TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR PATEL PRADEEP 9101 SOUTHERN BREEZE DR ORLANDO, FL 32836		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP S PATEL DAKSHA 9101 SOUTHERN BREEZE DR ORLANDO, FL 32836		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  PRADEEP PATEL DATE 01/31/08 407-363-0101 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					