

L0700012012

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

FEB 26 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2010

SERGIO ARCE  
PO BOX 478  
RIVERVIEW, FL 33579

SUBJECT: THE ARCE HOUSE, LLC  
Ref. Number: L07000120112

We have received your document for THE ARCE HOUSE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 210A00003735

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Arce House, LLC  
Name of Corporation

**DOCUMENT NUMBER:** L07000120112

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:

Sergio Arce  
Name of Contact Person

The Arce House, LLC  
Firm/Company

P.O. Box 478  
Address

Riverview, FL 33579  
City/State and Zip Code

sergio@thearcehouse.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sergio Arce at ( 551 ) 404-5056  
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

**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.*

1. Name of the limited liability company: The Arce House

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

The Arce House  
12409 Siltan Peace Drive  
Riverview, FL 33579

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

The Arce House  
P.O. Box 478  
Riverview, FL 33579

June 12, 2008

3. Date of filing/registration in Florida

L07000120112

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Business Filings Incorporated

Registered Office Address:

1203 Governors Square Blvd  
Suite 101  
Tallahassee, FL 32301-2960

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

Sergio Arce

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

12409 Siltan Peace Drive  
Riverview, FL 33579

, FL

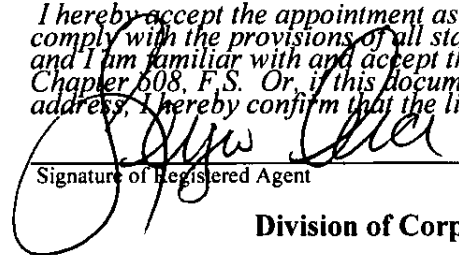
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Printed or typed name of signee

SERGIO ARCE

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00