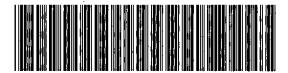
## 09000006458

(Re	questor's Name)		
(Address)			
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Clinartis LLC  Name of Limited	d Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	eatter to the following:
Aramayis Kocharyan  Name of Person	·
Clinartis LLC	
1909 Tyler Street, Suite 702	2013 001
Hollywood, FL 33020	
akocharyan@clinartis.com	ر من المراجعة على المراجعة المرا
E-mail address: (to be used for future annual report notification.  For further information concerning this matter, please.)	
Aramayis Kocharyan at (	954 404 8068 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

## 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: Clinartis LLC		
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any: 1909 Tyler Street, Suite 702 Hollywood, FL 33020	20
(NIME: MUST BE STREET ADDRESS)	1101191110004, 1 2 00020	
	<del></del>	100
(b) Mailing address of limited liability company:	1909 Tyler Street, Suite 702	<u> </u>
(Note: MAY BE POST OFFICE BOX)	Hollywood, FL 33020	. 2
03/05/2012	L09000006458	
3. Date of filing/registration in Florida	4. Document number	55 53
5. (a) Registered Agent and Registered Office shown	on the records of the Florida I	Dept. of State:
Registered Agent:	Carol Houts	
Pagistared Office Address	1909 Tyler Street, Suite 702	
Registered Office Address:	Hollywood, FL 33020	•
	17011,170004,71000020	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	NEW Registered Office add	ress:
NEW Registered Agent:	Aramayis Kocharyan	
<b>NEW</b> Registered Office Address:	1909 Tyler Street, Suite 702	
(MUST BE FLORIDA STREET ADDRESS)		<del></del>
	Hollywood	,FL_33020
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e Florida street address of the entical. Or, in the case of a F e(s) was/were authorized by a rwise provided in the articles	registered office
Constant Magazina		
Printed or typed name of signee		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity proper and complete perforn position as registered agent merely reflect a change in the any has been notified in writi	. I further agree to nance of my duties, as provided for in e registered office ing of this change.

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

Signature of Registered Agent