L090000000030733

(Requestor's Name) (Address) (Address)	400147874324
(City/State/Zip/Phone #)	•
(Business Entity Name) (Document Number)	09/30/0901021009 **25.00
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EXAMINER

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COVER LETTER

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TO: Registration Section Division of Corporations		
SUBJECT: ARATO (Name of Lim	ited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
ERIC DUFOUR		
(Name of Person)		
PARATOUR USA (Firm/Company)	- LCC	
23706 TEX Wheelered	· ·	
Christman FC (City/State and Zip Code)	32709	
•		
For further information concerning this matter, please call:		
ERIC DUFOUR at (350,4616723	
(Name of Person)	(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 amount:		
☑ \$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 608.50 company submits the following statement in order to chain the State of Florida.	18, Florida Statutes, the undersigned limited liability nge its registered office or registered agent, or both,
1. Name of the limited liability company:	ARTOUR USA LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 16877 E COLONIAL DR # 333 OBLANDO FL 32820
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3-03-2009 3. Date of filing/registration in Florida	<u>L 09000020733</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	•
Registered Office Address:	DUFOUR ERIC 23706 TEX WheeleR RD Christmas FC 32709
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
NEW Registered Agent:	16877 E COLONIAL DR
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	# 333 ORLANDO
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	laws of the State of Florida, it is hereby confirmed et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the
(Printed or typed name of signee)	·····
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	ι <i>σε τραιειρτρα απονί σε ητ</i> ουί <i>που τον ίν ε να</i> ητ <i>ον</i> είχ
(Signature of Registered Agent) Division of Corporations, P.O. Box FILING FEE	: 6327, Tallahassee, FL 32314
INHS18 (05/08)	Correction of the control of the con