

L11000142541

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000184357 3)))



H180001843573ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : NEIMAN & INTERIAN, PLLC
Account Number : 120180000010
Phone : (305) 530-9400
Fax Number : (305) 530-9409

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: RABAD@NIFLALAW.COM

**LLC REGISTERED AGENT CHANGE
ARW FOUNTAINS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

B FIGUEROA

JUN 21 2018

2018 JUN 20 PM 4:27

RECEIVED

90

2018 JUN 20 PM 1:19

FILED

2018 JUN 20 PM 1:19

(((H18000184357 3)))

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: <u>ARW FOUNTAINS, LLC</u>	
2. (a) <u>20803 BISCAYNE BLVD.</u>	(b) <u>20803 BISCAYNE BLVD.</u>
Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>)	Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>)
<u>SUITE 501</u>	<u>SUITE 501</u>
<u>AVENTURA, FL 33180</u>	<u>AVENTURA, FL 33180</u>
<u>12/20/2011</u>	<u>L11000142541</u>
3. Date of filing/registration in Florida	4. Document number
5. (a) <u>LAMONT, NEIMAN & INTERIAN</u>	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
<u>2020 PONCE DE LEON BLVD.</u>	
Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u>	
<u>SUITE 1005-B</u>	
<u>MIAMI</u> , FL <u>33134</u>	
(b) <u>NEIMAN & INTERIAN, PLLC</u>	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
<u>2020 PONCE DE LEON BLVD.</u>	
NEW Registered Office Address:	
<u>SUITE 1005-B</u>	
<u>CORAL GABLES</u> , FL <u>33134</u>	

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

Carlos Berner, Mngr. of Mngr. of Mngr.

Printed or typed name of signer

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 obligation of my position as registered agent as provided for in Chapter 605, 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

INHS18 (2/14)

(((H18000184357 3)))