

Division of Corporations

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L12000021714

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H13000060789 3)))



H130000607893ABC1

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-1642

*As discussed
Please file & provide
3/15/13 with
King
Thank you*

R.A.

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

Email Address: _____

RECEIVED
13 MAR 22 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 MAR 15 AM 9:30
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
AUROINFO, LLC

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

Electronic Filing Menu Corporate Filing Menu

J. SAULSBERRY
Help EXAMINER

MAR 25 2013

Fax Confirmation Report

Date & Time : MAR-15-2013 02:43PM FRI
 Fax Number : 3025751642
 Fax Name : Williams Law Firm
 Model Name : WorkCentre 4250

Total Pages Scanned: 2
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No.	Remote Station	StartTime	Duration	Page	Mode	Job Type	Result
001	918506176383	03-15 02:42PM	00' 28	002/002	EC	HS	Success

Abbreviations:

HS:Host Send PL:Polled Local EC:Error Correct TS:Terminated by System
 HR:Host Receive PR:Polled Remote MP:Mailbox Print RP:Report
 WS:waiting Send MS:Mailbox Save TU:Terminated by User G3:Group3

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(((H1300000789 3)))



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To: Division of Corporations
 Fax Number : (813) 811-5383

From: Account Name : AGRINIA AND COMPANIONS, INC
 Account Number : 220013000117
 Phone : 11021225-0815
 Fax Number : 11021225-1642

Enter LMO Email Address FOR THIS BUSINESS entity to be used for future ANNUAL report mailings. Enter only one email address please.

Email Address:

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 TALLAHASSEE OFFICE

H13000060789 3

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: AURORAFD LLC
- 2. (a) Principal office address of limited liability company: 8345 NW 66ST
A1374
MIAMI, FL 33166
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 8345 NW 66ST
A1374
MIAMI, FL 33166
(Note: MAY BE POST OFFICE BOX)

- 3. Date of filing/registration in Florida: FEBRUARY 14 2012
- 4. Document number: L1200001714

- 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State
Registered Agent: CORPORATION SERVICE COMPANY
Registered Office Address: 1201 HAYS STREET
TALLAHASSEE FL 32301

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: AGENTS AND CORPORATIONS, INC.
NEW Registered Office Address: 35 FIFTH AVENUE SOUTH SUITE 101-332
(MUST BE FLORIDA STREET ADDRESS) MIAMI FL 33134

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.

Dwarika Prasad Tripathy
Signature of a member or authorized representative of a member

DWARIKA PRASAD TRIPATHY
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 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.

By: John W. Williams, President
Signature of Registered Agent

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

FILED
2013 MAR 15 AM 9:30
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE