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SECRETARY OF STATE

2013 NOV 21 AM 9: 57

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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: Aarya J LL	.c			
	incipal office address of limited liability (Note: MUST BE STREET ADDRESS)	Company: 5851 SE 5th Street Ocala FL 34472			_
(b) M	ailing address of limited liability compan Note: MAY BE POST OFFICE BOX)	y: 176 Tuscany Bend St Daytona Beach FL 32117			
11/26/2012		L12000147559			
3. Date of	f filing/registration in Florida	4. Document number			
5. (a) R	egistered Agent and Registered Office sh	own on the records of the Florida	a Dept. of St	tate:	
R	egistered Agent:	Jasmin Patel	7-1 15-2-1	F	
R	egistered Office Address:	176 Tuscany Bend St		13 KH	s postale
		Daytona Beach FL 32117	<u> </u>	-2	733.m
(b) Eı	nter name of NEW Registered Agent and	d/or NEW Registered Office add	dress:	÷	
<u>N</u>	EW Registered Agent:	Mukesh Patel	野 の	<u>ည်</u> ကိ	
NEW Registered Office Address:	176 Tuscany Bend St				
(MUST BE FLORIDA STREET ADDRESS)		Daytona Beach FL 32117	.FL		—
confirmed and the biliability of the members the opera	ited liability company is not organized ur d that after the change or changes are mad usiness office of the registered agent will ompany, it is hereby confirmed that the copers of the limited liability company or as ting agreement of the limited liability cor	de, the Florida street address of the be identical. Or, in the case of a change(s) was/were authorized by the otherwise provided in the article	ne registered Florida lim an affirmat	l office ited ive vot	e of
	sped name of signee accept the appointment as registered age ith the provisions of all statutes relative familiar with and accept the obligations 508, F.S. Or, if this document is being fil thereby confirm that the limited liability	ent and agree to act in this capact to the proper and complete perfoi of my position as registered agen ed to merely reflect a change in t company has been notified in wr	ity. I furthe, rmance of n it as provide he registere iting of this	r agree 1y dutie 2d for i 2d offic chäng	? to ?s, n e e.
Signature of	LRegistered Agent	_			

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