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LLC

12-30-14

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Arborgate Interiors LLC Name of Limited Liability Company						
	Nan	ne of Limited Liability Company					
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.					
Please r	return all correspondence concerning th	is matter to the following:					
Susan	n Brewer						
+	Name of Person	, , , , , , , , , , , , , , , , , , , 					
Arborg	gate Interiors LLC						
	Firm/Company						
7830 l	Martino Circle						
	Address						
Naple	s, FL 34112						
	City/State and Zip Code						
susan	@arborgateinteriordesign.com						
E-	-mail address: (to be used for future ann	ual report notification)					
For furt	ther information concerning this matter,	please call:					
Susan	Brewer	239 770-2422					
	Name of Person	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS:	MAILING ADDRESS:					
	Registration Section	Registration Section					
	Division of Corporations	Division of Corporations					
	Clifton Building	P.O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amount:							
	2 \$25 Filing Fee	. □ \$55 Filing Fee & Certified Copy					
INHS18	(2/14)						

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. Na	ame of the limited liability company: Arborgate In	teriors	LLC				
2. (a)	7830 Martino Circle		(b) 7830 Ma	rtino Circle	•		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			lailing address ((Note: MAY I		-	
	Naples, FL 34112		Naples, F	L 34112			
						 	
	July 28, 2014		L1400011				
3.	Date of filing/registration in Florida	4.	}	Document nu	ımber		
5. (a)	LEGALINC CORPORATE SERVICES INC	•					
• • •	Registered Agent and Registered Office shown on the records of	of the Flo	ida Dept. of State:	:			
	2846 NW 79TH AVENUE						
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRI	SS2				
	DORAL	. 3312	2				
	, r	L_33 12	· ••• · · · · · · · · · · · · · · · · ·			General	
(b)	Susan Brewer					330	- 71
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	address:			<u></u>	. [
						9	m
	7830 Martino Circle				i		
	NEW Registered Office Address:					<u>.</u>	
					:,	-	
					, .	·	
	Naples F	L 3411	2				
the cha agent v was/wi the arti- Signa I here provisi the obli- to mer- notified	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the street of a member or authorized representative of a member by accept the appointment as registered agent and as ions of all statutes relative to the proper and completely reflect a change in the registered office address, and in writing of this change.	of the re liability of the l e limite	egistered office company, it is imited liability d liability com	and the businereby confinereby company or pany. Printed or type	ness officirmed that as otherwas officirmed that as otherwas of single and the single are of single as a single are of single as a single are of single are	e of the consistence of the cons	he registered change(s) rovided in