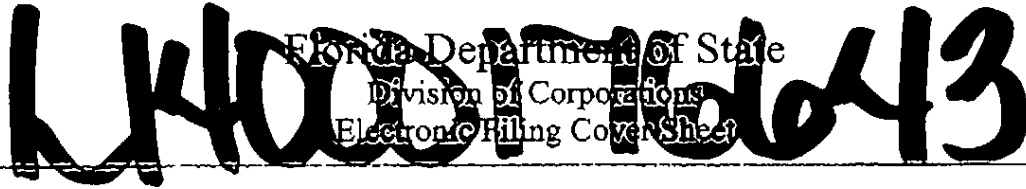


9/4/2019

Division of Corporations



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From:

Account Name : THE FARR LAW FIRM  
Account Number : 103654001666  
Phone : (941)639-1158  
Fax Number : (941)639-0028

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

Email Address: aholmes@farr.com

**REGISTERED AGENT CHANGE  
AROURI CONSULTING, LLC**

Certificate of Status	0
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Estimated Charge	\$35.00

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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 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: Arouri Consulting, LLC
2. (a) Principal Address  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
10306 Windermere Chase Blvd.  
Gotha, FL 34734  
11/13/2014
- (b) Mailing Address  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
10306 Windermere Chase Blvd.  
Gotha, FL 34734  
L14000176643
3. Date of filing/registration in Florida  
Quarter5, LLC
4. Document number  
11/13/2014
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2295 S. Hiawassees Rd., Suite 411  
Orlando, FL  
(b) David Holmes, Esq.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
99 Nesbit Street  
Punta Gorda, FL

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

Hasan Arouri, Manager

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 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

2019 SEP -4 PM 4:45

APPROVED  
AND  
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