## L15000045750

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Discipace Entity Name)			
(Business Entity Name)			
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## COVER LETTER,

Registration Section Division of Corporations

TO:

INHS18 (2/14)

SUBJECT: AVAA RE HOICHINGS	
Name of Limited Liz	ibility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Mundell Sodursions Es	-C1
Mandell Sindarsingh, Es	2
Sindarsingh Law, P.L.	_
1400 Contrepart Blud Suite (	03
West Palm Beach, FL 3340 City/State and Zip Code	21
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Name of Person at (Set	) 475-2296. Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tatlahassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
\ ^	5 Filing Fee & Certified Copy

## 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:	A RE	Holdings	LLC
2. (a) 9509 OSPEY TSES Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Blue (b)	Mailing address	pDf-CY TSICS Blv s of limited liability company: BE POST OFFICE BOX
Palm Beuch Garder	45	Palm Bru	n Gurdens
Florida, 33412	<del></del>	Floridy,3	7.1D
120110101 50112	<del></del>	1 201 12.00	7710-
3/15/2015		L1500004	5750
3. Date of filing/registration in Florida	4.	Document r	
5. (a) Ashou Aroici	_		
Registered Agent and Registered Office shown on the record	ds of the Florida 1	Dept. of State:	
Registered Office Address (MUST BE FLORIDA STRI	S BIU EET ADDRESS)	<u>d</u>	·-1
Pair Beach Gardens	<u>.                                    </u>		ZUZI APR 13
	. FL <u>33</u>	412	PR HAS
(b) Sundarsingh Law	ρ.L.		SECTION AND SECTIO
Enter name of NEW Registered Agent and/or NEW Regist	tered Office add	ress:	
1400 Centre David Blu NEW Registered Office Address:	id with	(603	25 RIDA
West Palm Beuch			
		<del></del>	
	, FL_33	412.	
If the limited liability company is not organized under the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limite was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of	f the registered ed liability con ers of the limit	office and the busines pany, it is hereby con ed liability company o	ss office of the registered firmed that the change(s)
Signature of a member or authorized representative of a member		Carlell .	ed name of signee
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp the obligations of my position as registered agent as provite merely reflect a change in the registered office address notified in writing of this change.	l agree to act i. lete performan vided for in Ch s. I hereby con		
Signature of Registered Agent			