

LI5000120515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

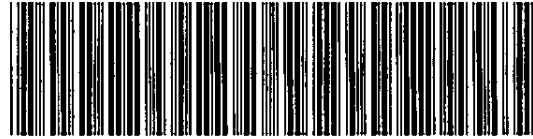
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400310337784

03/14/18--01011--007 **25.00

FILED
2018 MAR 14 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arrian Healthcare Of Florida
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula Payan

Name of Person

Arrian HealthCare

Firm/Company

5944 Coral Ridge Drive #271

Address

Coral Springs FL 33076

City/State and Zip Code

PPayan@regalhomeservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Payan

Name of Person

at (954) 296-8018

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 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: Arian Healthcare
2. (a) 5135 NW 99th way (b) 5944 Coral Ridge Dr. #271
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Coral Springs FL Coral Springs FL
33076 33076

3. 7-14-2015 4. L15000120515
Date of filing/registration in Florida Document number
5. (a) Paula Payan United States Corp. Agents
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Court
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

A

Tampa, FL 33612

- (b) Paula Villarroel
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Same address

NEW Registered Office Address:

FILED
2018 MAR 14 AM 11:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

Paula Villarroel
Signature of a member or authorized representative of a member

Paula Villarroel
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.

Paula Villarroel
Signature of Registered Agent