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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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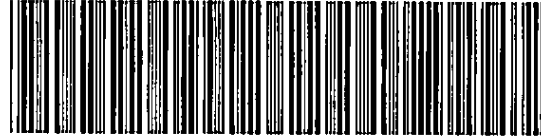
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

ARIEYAL, LLC

SUBJECT: _____
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:

Arik Bouskila

Name of Person

ARIEYAL, LLC

Firm/Company

2980 NE 207 ST, Suite 802

Address

Aventura, FL 33180

City/State and Zip Code

Aventura, FL 33180

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

For further information concerning this matter, please call:

Jonathan Carpenter at (305) 466 0577
Name of Person 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

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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: Arieyal, LLC

2. (a) Arik Bouskila Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2980 NE 207 ST, Suite 802
Aventura, FL 33180

(b) Arik Bouskila Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
2980 NE 207 ST, Suite 802
Aventura, FL 33180

3. 8/21/15 Date of filing/registration in Florida

4. L15000144026 Document number

5. (a) Arik Bouskila Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
18851 NE 29th AVE,
Aventura, FL 33180
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Suite 413
Aventura, FL 33180

(b) Arik Bouskila Enter name of NEW Registered Agent and/or NEW Registered Office address:
2980 NE 207 ST,
Aventura, FL 33180
Suite 802
Aventura, FL 33180

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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]
 Signature of a member or authorized representative of a member

Arik Bouskila, Owner
 Printed or typed name of signee

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]
 Signature of Registered Agent