116000109089

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
,		•
PICK-UP	☐ WAIT	MAIL
	-i Finkle Man	
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	_
Certified Copies	_ Certificates	of Status
6	Fili O#i	
Special Instructions to	Filing Officer:	İ
		ı

Office Use Only



500301590525

07/24/17=-01020--017 **25.00

FILED

17 JUL 24 PM 2: 36

DIVISION OF CURY GRAPIONS

SNOWWONS

COVER LETTER

Division of Corporations		
AR&FR, LLC		
	mited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Clemente Magagnoli		
Name of Person		
Firm/Company		
8250 NW 25th Street, Suite 3		
Address		
Doral, Florida 33122		
City/State and Zip Code		
operations@airisled.us		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, please	call:	
Gail Fornell at (537-9014	
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	nt:	
☑ \$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.

(b)	W 25th Street Mailing address of limited liability company:	
	Mailing address of limited liability company:	
	(Note: MAY BE POST OFFICE BOX)	
Suite 3	(<u>.w.cw.11 b) ((.ww.)</u> / (.cw.)	
	lorida 33122	
	iulida 33122	
L160001	L16000109089	
4.	Document number	
of the Florida Dept. of Stat	te:	
T_ADDRESS)		
	010	
32301	FILED 17 JUL 24 PM 2: 36 DIVISION OF COMPONATIONS	
	TILE PH	
	- E F	
red Office address:		
	VI 10H	
	~	
	- -	
24000		
FL		
of the registered offic Hiability company, it is s of the limited liabili		
	Printed or typed name of signee	
igree to act in this cap de performance of my ded for in Chapter 60 I hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been	
	4. of the Florida Dept. of Sta ET. (IDDRESS) FL. 32301 red Office address: FL 34990 laws of the State of F. of the registered office I liability company, it rs of the limited liability conjunction José Fornell	