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## COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations	Ne.			
SUBJECT: ARROW BUS	INESS IMPROVENENT LLC			
N	ame of Limited Liability Company			
Dear Sir or Madam:				
Don't of Madain.				
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
rease retain an correspondence concerning	matter to the following.			
_				
SIMON B. HOWELL				
Name of Person				
HOWELL INTERNATIONAL	1AV			
Firm/Company				
8701 W. I. LLO BROWSON N Address	remoral time			
Address				
City/State and Zip Code	FL 34747			
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
SIMON, HOWELL @ HOWELLINTERNAMIN	enaliak. com			
E-mail address: (to be used for future a	nnual report notification)			
For further information concerning this matter	er, please call:			
SIMAN B. HOWEN	at (407 ) 245 - 7600			
Name of Person	at ( 407 ) 245 - 7600  Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following	ng 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. N	ame of the limited liability company: Allow	સુતરામદસ્ટ	IMPROVEMENT	(,uc
2. (a)		(b)		·
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of lim (Note: MAY BE PC	ited liability company: OST OFFICE BOX)
	08/30/2016		_16 0001624	LC1
3.	Date of filing/registration in Florida	- <sub>4.</sub>	Document number	· ·
5. (a	0 - 10 - 10 - 10 - 10			•
	2966 BUCCATEER PALM Registered Office Address (MUST BE FLORIDA STREET)			16.0
	KISSIMMEE			SEP "L
	. FI	24 X4	~ ~	SSE TS
(b)	SIMON B, HOWEVE  Enter name of NEW Registered Agent and/or NEW Registered	Office address:		E.FLORID
	8701, WILLO BROOKON MEN	ualia, ii	u.W	
	NEW Registered Office Address:	101011111111111111111111111111111111111	<u> </u>	
	SUITE 100, KISSIMMEE			
	, FI.	34747	<u> </u>	
the ch agent was/w	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered ability compar of the limited l	office and the business ny, it is hereby confirmed iability company or as o	office of the registered d that the change(s)
<u> </u>		<u></u>	Printed or typed nam	<u>u</u>
I here provis the ob to mei notifie	ature of a member of authorized representative of a member of a member of accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I is a change of this change.	ree to act in th	is canacity. I further as	ree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)

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