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COVER LETTER

Division of Corporations
SUBJECT: Art Home Studios LLC
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:
Estephynie Kelly Agvillera Name of Person
Art Home Ceasty_ Firm/Company
111 SW 3'd street Suite 201 Address
Miami, FL 33130 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Estephunie K. Agripea at (646) 248-1276 Name of Person 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 amount:
☑ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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 compar	ıy: <u>Av</u> +	Home	Stud	ias	LLC		
2. (a)	Principal office address of limite		(b)			-		
	Principal office address of limite (Note: MUST BE STREE					of limited liabil <i>BE POST OFF</i>		
111	Son 3rd stre	et zûte zo	111	Sw	319	Street	· suite	1 <u>05</u>
Wil	ami, FL 3313	.0		liami,	FL	33130	>	
<u></u>	2/22/2016 Date of filing/registratio	n in Florida	4.		Cument n	31023 umber		
_	abriella Sayao ered Agent and Registered Office			t, of State:				
Regist	ered Office Address (MUST E	E FLORIDA STREET A	(DDRESS)				et.	
11	1 Sw 3rd	street Sc	inte 21	01			18 C	
	Mian	<u> </u>	331	<u> 30</u>				
(b) Est Enter n	te primie Kelly	Ag vilera .	Office address	<u>F</u>			29 PHIZ: UI	
	Sw 3rd str	oet soile	901				TATE ORIDA) -
<u>NEW</u>	Registered Office Address:							
	Mia	<u>M`l</u> .FL	3313	36				
the change or agent will be was/were aut the articles of	liability company is not orgen changes are made, the Floridentical. Or, in the case of horized by an affirmative very forganization of the operation of the ope	ida street address of fa Florida limited lia ote of the members on ng agreement of the	the registere ability compa of the limited limited liabi	ed office an any, it is he liability co lity compan	id the bus reby conf ompany of ny.	iness office of firmed that the	of the registence change(s) e provided in	ered
provisions of the obligation to merely refl notified in wr	ept the appointment as regitall statutes relative to the pass of my position as registed lect a change in the register iting of this change	stered agent and agr proper and complete red agent us provide red office address, I l	ee to act in t performance d for in Chap hereby confi	his capacit e of my dut oter 605, F. rm that the	y. I furth ies, and I S. Or, if limited li	er agree to c am familiar this documen ability compo	omply with i with and acc it is being fi any has beer	the zept led n
Signature of Re	gistered Agent	'/						