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(Re	questor's Name)	
(Ad	dress)	
,	,	
		
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(D.,	sinasa Entity No.	
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	Certificate	s of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		•			
SUBJ	ARALIYA GLOBAL ENTERPRI	SES LLC				
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered O	ffice Change and fe	ee(s) are submitted for filing.			
Please	return all correspondence concerning (this matter to the fo	ollowing:			
Nataliy	a Kalava					
	Name of Person	· · · · · · · · · · · · · · · · · · ·	_			
Araliya	Global Enterprises LLC					
	Firm/Company		_			
2819 V	/ Leila Ave					
	Address		_			
Tampa	, FL 33611					
	City/State and Zip Code		-			
nataliya	a@amervalue.com					
E	-mail address: (to be used for future ar	nual report notifica	ation)			
For fu	ther information concerning this matte	r, please call:				
Nataliy	a Kalava	813 at (777-9706			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address:		Street Address:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the followin	g amount.				
	■ \$25 Filing Fee	_	Filing Fee & Certified Copy			
	U	_ +03				

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.

) [275 S 12th St., Tampa, FL 33602 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 2819 W Leila Ave., Tampa, FL 33611					
				_	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)			
	08/03/2017	- -		0016 6078				
	Date of filing/registration in Florida	4.		Documen	t number			
)	BAY AREA CORPORATE COUNSEL							
•	Registered Agent and Registered Office shown on the records of the	he Floric	la Dept.	of State:				
				,				
					28	202		
					- (-) 	2020 HAR		
	4830 W. KENNEDY BLVD, STE 600 TAMPA, FL 33609 US				5	¥R 2		
	, FL_					25	ئے. إ	
ì	Nataliya Kalava					7	;	
-	Enter name of NEW Registered Agent and/or NEW Registered (Office a	ddress:			PH 12: 03		
	2010 W.F. 71				-:	03		
	2819 W Leila Ave							
	NEW Registered Office Address:							
	Tampa , FL	33611						
								
11 3 (mited liability company is not organized under the laws or changes are made, the Florida street address of the r	s of the register	: State (ed offic	of Florida, it is lee	hereby confin less office of	med tha	t afte: sterec	
W	ill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of	oility c	ompany	y, it is hereby co	infirmed that	the char	ngc(s	
ic	les of organization or the operating agreement of the li	imited	liability	y company.	or as outerw	ise prov	rided	
1	asaliya yalava	Nat	aliya Ka	alava				
itu	re of a member or authorized representative of a member			Printed or t	yped name of sig	gnec		
b jó	v accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided y reflect a change in the registered office address. I he	e to ac erform for in	t in this ance of Chapte	s capacity. I fur f my duties, and er 605, F.S. Or,	ther agree to I am familian if this docume Tigbility com	comply with a ent is be	with nd ac ging fi	