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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: PRU Constituction 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:						
Ricardo Victoria Rodríguez Name of Person						
Ricardo Victoria Rodríguez Name of Person ARV Construction LLC Firm/Company	TI					
Firm/Company 3035 66 AUN LOT 4128 Address						
ST PETER burg; FL, 33702 City/State and Zip Code						
E-mail address: (to be used for future amoual report notification)						
For further information concerning this matter, please call:						
Joel PAVON 81(722) 34/2-9101						
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						

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. Na	ime of the limited liability company: \underline{ARU}	Con	struction	LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u>(</u> 33/kb)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3.	05/16/2018 Date of filing/registration in Florida	- - - 4.	L 18 000 12		
	Victoria Ricardo	₩.	Document hun	ioci	
(b)	Registered Agent and Registered Office shown on the records of the 3035 bis AUE W 107 128 57 Bit ARRESTAL Registered Office Address (MUST BE FLORIDA STREET ALL BICANDO Victoria Bodrigu Enter name of NEW Registered Agent and/or NEW Registered Office Address:	EZ	g <u>F</u> 7 33702	18 AUG 20 PH 14: 33	
the cha agent v was/we	imited liability company is not organized under the laws unge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist pility con the limit	ered office and the busine npany, it is hereby confirm ted liability company or as	ss office of the registered ned that the change(s)	
	Pricards ture of a member or authorized representative of a member		Biogrado Victo	onia The chiques name of signer	
l herei provisi the obl to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he I in writing of this change.	e to act i erforma for in Ci ereby coi	in this capacity. I further	agree to comply with the	
Signatu	re of Registered Agent				