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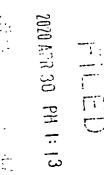
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## **COVER LETTER**

TO: Registration Section Division of Corporations	~ <del>~</del>								
ARIA LAND DEVELOPMENT, LLC SUBJECT:									
Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter	to the following:								
BRINDA GANDHI									
Name of Person									
ARIA LAND DEVELOPMENT, LLC									
Firm/Company	<del></del>								
1969 WIND MEADOWS DR									
Address									
BARTOW, FL 33830									
City/State and Zip Code	<del></del>								
BRINDA@SKGANDHI.COM									
E-mail address: (to be used for future annual repo	ort notification)								
For further information concerning this matter, please of	call:								
BRINDA GANDHI 5:	86 925-5601								
Name of Person	Area Code & Daytime Telephone Number								
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303								
Enclosed is a check for the following amount	t:								
■ \$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.

. Na	ame of the limited liability company:  ARIA LAND DEV	'ELOI	PMI	ENT, LLC					
. (a)	1969 WIND MEADOWS DR, BARTOW- FL 33830		(b)	1969 WII	IND MEADOWS DR, BARTOW, FL-33830				
` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
	03-04-2019	_	1	. 1900006	1405			· · · · · · · · · · · · · · · · · · ·	
	Date of filing/registration in Florida	4.	-		Document	number		-	
. (a)	BRINDA GANDHI								
(/	Registered Agent and Registered Office shown on the records of the	ne Flor	ida	Dept. of Sta	ite;				
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRE</u>	:55)		<del></del>				
	1969 WIND MEADOWS DR			. <u>.</u>					
	BARTOW	33830	ı						
(b)	SURENDRA K GANDHI				_	<u>:-</u> :	2020 !.	<b>-</b> ,-	
•	Enter name of NEW Registered Agent and/or NEW Registered (	Office	add	ress:	-	-	<u> 1</u> 020	1	
	NTW Decision 100 and 11				_		PH		
	NEW Registered Office Address:  1969 WIND MEADOWS DR					-	<del></del>	<b>Sec.</b> 1.	
	1303 WIND MEADOWS DR	<del></del>				<del>-</del>	$\overline{\omega}$		
	BARTOW FL	33830			<u> </u>				
hange gent v as/we ne arti	imited liability company is not organized under the law or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liaber of th	registe bility f the li imited	erec cor imi d li	d office ar npany, it i ted liabili ability cor	nd the busing is hereby costy company mpany.  GANDHI	ess office nfirmed th or as othe	of the renat the cl	gistered hange(s)	
_	ture of a member or authorized representative of a member			t 48.1	Printed or ty		-		
rovisi ie obl o mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	re to a perfor for in ereby	ict i mai n Ci coi	n this cap nce of mv hapter 60. nfirm that	pacity, I furt duties, and 5, F.S. Or, i the limited	ner agree I am fami if this doci liability co	to compliar with ument is ompany	oty with the and accep being filed has been	

Signature of Registered Agent