

L19000 161 434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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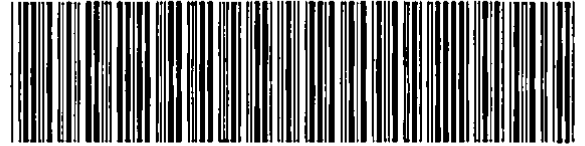
(Business Entity Name)

(Document Number)

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2019 AUG 29 PM 2:10
TALLAHASSEE, FL

SEP 10 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARIPHARM GROUP
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:

ARIDIA I. ACOSTA
Name of Person

ARIPHARM GROUP
Firm/Company

1700 NW 97th AVE # 227721
Address

DORAL, FL 33172
City/State and Zip Code

INDHIRA@ARIPHARMGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARIDIA I. ACOSTA at () 305 380 0567000
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

☐ \$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. Name of the limited liability company: ARIPHAIR GROUP
2. (a) 1700 NW 97th AVE #227721 (b) 1700 NW 97th AVE #22772
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Doral, FL 33172 Doral, FL 33172
3. _____ Date of filing/registration in Florida 4. L9000161434 Document number
5. (a) ARIDIA I. ACOSTA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5250 NW 109th AVE #2
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Doral, FL 33178
- (b) ARIDIA I. ACOSTA
Enter name of NEW Registered Agent and/or NEW Registered Office address:
* 1700 NW 97th AVE #227721
NEW Registered Office Address:
Doral, FL 33172
FL 33172

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TALLAHASSEE, FL
Sec. of State

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

ARIDIA I. ACOSTA
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent