

(Re	equestor's Name)				
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PICK-UP		MAIL			
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(Bu	isiness Entity Name))			
	ocument Number)				
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03/22/24--01024--006 **25.00



COVER LETTER

	Registration Section Division of Corporations		
SUBJE	AERIE GROUP INTERNATION	AL LLC	
		ame of Limited Lia	bility Company
Dear Sir	or Madam:		
The enc	losed Registered Agent/Registered O	ffice Change and fe	ee(s) are submitted for filing.
Please re	eturn all correspondence concerning	this matter to the fo	llowing:
STEPHE	EN C. MOSS		
	Name of Person		_
AERIE (GROUP INTERNATIONAL LLC		
	Firm/Company		_
815 MIE	DDLETON DRIVE SW		
	Address		_
VERO E	BEACH, FL 32962		
	City/State and Zip Code		_
scmoss@	gaeriegroup.biz		
E-	mail address: (to be used for future a	nnual report notification	ation)
For furtl	her information concerning this matte	er, please call:	
STEPHI	N C. MOSS	703 at (980-6040
	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 following	ng 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.	Na	me of the limited liability company: AERIE GROUP I	NTERN		TIONAL LLC
2. (a	a)			(h)	
,	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		815 MIDDLETON DRIVE SW			815 MIDDLETON DRIVE SW
		VERO BEACH, FL 32962	<u> </u>		VERO BEACH, FL 32962
		12/23/2020		ı	.21000002356
3.		Date of filing/registration in Florida	4.	_	Document number
5. ((a)				
		Registered Agent and Registered Office shown on the records of STEPHEN C. MOSS	the Flori	da	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>SS)</u>	······································
		231 OAK HAMMOCK CIRCLE SW			
		VERO BEACH . FL	32962		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Ville 2	100	· · · · · · · · · · · · · · · · · · ·
		NEW Registered Office Address:			
		815 MIDDLETON DRIVE SW			
		VERO BEACH FL	32962		
chan agen was/	ige it w	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia the authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registe sbility of the li limited	rec con mit Hia	d office and the business office of the registered appany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
Sig	nat	ure of a member of authorized representative of a member	-		Printed or typed name of signee
prov the o to m	usio bli ere	ov accept the appointment as registered agent and agreens of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a charge in the registered office address, I keep in writing of this change.	pertorn	ทนเ	ice of my duties, and I am familiar with and accent
Sign	atur	e of Registered Agent			