

121000450874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

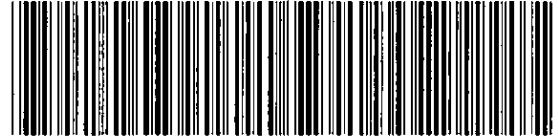
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100414467161

08/23/23--01003--013 **25.00

CLERK OF SUPERIOR COURT
DIVISION OF COURT CLERKING
2023 AUG 23 PM 12:40

RECEIVED

RECEIVED

08/23/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arx Vacations FL

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:

Amy Tsao

Name of Person

Arx Vacations FL LLC

Firm/Company

607 N Ardmore Ave

Address

Los Angeles, CA 90004

City/State and Zip Code

arxvacationsfl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Tsao

Name of Person

at (626) 252-4855

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

2023 AUG 23 PM 12:40

Division of Corporations
Tallahassee, Florida

**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.

Arx Vacations FL LLC

1. Name of the limited liability company: _____

2. (a) 607 N Ardmore Ave (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Los Angeles, CA 90004

10- 19- 2021

87-3172411

3. Date of filing/registration in Florida

4. Document number

5. (a) Emily Taylor
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8214 Westminster Abbey Blvd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32835

(b) Registered Agents Inc

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

2023 AUG 23 PM 12:40
DIVISION OF CORPORATIONS

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 of a member or authorized representative of a member

Amy Tsao

Printed or typed name of signee

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 of Registered Agent

David Roberts - Assistant Secretary