L22000419893

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COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	ARIA ART LLC					
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limited Liability Company				
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered C	office Change and	fcc(s) are submitted for filing.			
Please retur	rn all correspondence concerning	this matter to the f	following:			
Guillermo P	² atino					
	Name of Person					
	Firm/Company		_			
1615 S Bays	shore Dr					
	Address					
Miami, FL 3	33133					
	City/State and Zip Code					
gilrad74@gi	mail.com					
E-mai	l address: (to be used for future a	nnual report notifi	cation)			
For further	information concerning this matte	er, please call:				
Guillermo P	atino (a)	786 at (395-3656)			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	closed is a check for the following	ig 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.

I. Na	ame of the limited liability company: ARIA ART	LLC			
2. (a)	1615 S Bayshore Dr Miami, FL 33133		(b) 1615 S Bayshore Dr Miami, FL 33133		
2. (a)	Principal office address of limited liability compan (Note: MUNT BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
2	11/08/22 Date of filing/registration in Florida		L220004	79893 Document number	
3.	BUSINESS FILINGS INCORPORATED	ч.		Botunem number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	PLANTATION	FL		2021 JU 24 7	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Office Address: 1615 S Bayshore Dr	istered Office :	address:		
	Miami	FL			
change agent v was/w	imited liability company is not organized under to or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memicles of organization or the operating agreement of	of the registe ted liability of bers of the li of the limited	red office a company, it mited liabi	is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
Signa	ture of a member or authorized representative of a member		<u> </u>	Printed or typed name of signee	
I here provisi the obi to mer notified	by accept the appointment as registered agent an ions of all statutes relative to the proper and comigations of my position as registered agent as prely reflect a change in the registered office address of this charge.	inlete neriori	nance of m	v aunes, and i am jaminar with una accept	
•	<i>'</i>				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00