

# L24000035032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

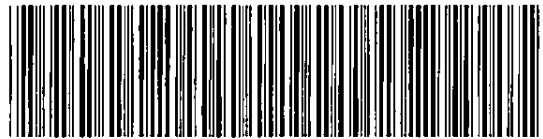
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
SEP - 4 2024

Office Use Only



700435549097

08/28/24--01015--011 \*\*25.00

FILED  
2024 AUG 28 PM 4:11  
CLERK OF COURT  
JULIA A. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Arivision Realty, LLC  
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:

Aureneta Jacobs  
Name of Person

I Meant to do it Publishing  
Firm/Company

9087 Shinder Crossing Dr.  
Address

Jacksonville FL 32222  
City/State and Zip Code

I Meant to do it @ yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aureneta Jacobs at ( 904 ) 343-0706  
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:

☒ \$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: ARIVISION Realty, LLC

2. (a) 9087 Shindler Crossing Dr (b) same  
Principal office address of limited liability company: Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Jacksonville FL 32222

3. JAN 17, 2024  
Date of filing/registration in Florida

4. L24000035032  
Document number

5. (a) Inc. Authority RA  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

390 North Orange, Ave., Ste 2300-N  
Orlando FL, FL 32801

(b) Aurenella Jacobs  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

9087 Shindler Crossing Dr  
NEW Registered Office Address:

Jacksonville, FL 32222

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

Aurenella Jacobs  
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