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	<u> </u>						
	(Requestor's Name)						
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	(City/State/Zip/Phone #)						
1	PICK-UP WAIT MAIL						
	(Business Entity Name)						
(Document Number)							
Certified	Copies Certificates of Status						
Special Instructions to Filing Officer.							

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 156847 4328604

AUTHORIZATION

COST LIMIT

ORDER DATE: October 22, 2021

ORDER TIME : 3:43 PM

ORDER NO. : 156847-027

CUSTOMER NO: 4328604

CHANGE OF AGENT

NAME: ARC CAFEHLD001, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY

XX ___ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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.	Ņε	ame of the limited liability company: ARC CAFEHLD00	01, LL	C		
2. (2325 E. Camelback Road		(b)	2325 E.	Camelback Road
(Ĭ	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)
		9th Floor			9th Floor	
		Phoenix, AZ 85016	-		Phoenix,	AZ 85016
		09/19/2013		N	11300000	5942
3.		Date of filing/registration in Florida	4.	_		Document number
5.	 (a)	C T CORPORATION SYSTEM				
		Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD	e Florio	da I	Dept. of Stat	de:
		Registered Office Address (MUST BE FLORIDA STREET ADD				2021 ::
	ľ	PLANTATION .FL.3	3324			
	;	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			····-	<u></u> .
(b)		_			PI 12:
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice a	<u>ddr</u>	tens:	<u>`</u>
		Corporation Service Company				ယ
		NEW Registered Office Address:			· -	_
		1201 Hays Street				
		Tallahassee .FL 3	2301			_
thar ager was	ige it v /ivé	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line.	egister ility c the lir	red om nit	office an pany, it is ed liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		Lie E Cani	Jill	Ci	lmi, Autho	prized Person
Si	ginat I	ture of a member or authorized representative of a member				Printed or typed name of signee
prov he o o m	risio Shli e re	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f ly reflect a change in the registered office address, I hel I in writing of this change.	r to ac erform for in reby c	t ir ian Ch con	this cape ce of my e apter 605 firm that	acity. I further agree to comply with the duties, and I am familiar with and accept i. F.S. Or, if this document is being filed the limited liability company has been
Sion	i in	Maca C-Kuby re of Registered Agent				
Gra	ice L	E. Kirby, Asst. Vice President				
		Division of Corporations • P.O. Bu	x 632	7∙	Tallahas	ssee, FL 32314

FILING FEE: \$25.00