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Fax Number

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## LLC REGISTERED AGENT CHANGE ARPFOR MANAGEMENT, LLC

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## 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: ARPFOR Manager	ment, L	rc			
2.	(a)		(	b)			
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	,	Mailing address of limited liability (Note: MAY BE POST OFFICE		•
		7714 Figher Island Drive		5800 NW	171st Street		
		Fisher Island, FI 33019	_	Miami, F	L 33015		
		02/14/2014		M1400000	11122		
3.		Date of filing/registration in Florida	4.		Document number		
•	(B)	Dave Yusko					
		Registered Agent and Registered Office shown on the records of the Registered Office Address    MUST BE FLORIDA STREET A.  5800 NW 171st Street  Miami			-	2021 J	
	(ъ)	NRAI Services, Inc.			PARSSEE AHASSEE	JUN 25	FIL
		Enter name of NEW Registered Agent and/or NEW Registered (	OTHER B	<u>ddræt</u> :	28 28 28	P# -:	ED
		NEW Registered Office Address:				<u></u>	
		1200 South Pine Island Road			_		
		Plantation FL, FL_	33324		_		
the ag	che ent v	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of bles of organization or the operating agreement of the law.	the reg bility of the li limited	pstered om company, it mited liabil	is hereby confirmed that the city company or as otherwise pompany.	hange(	5)
prithe to ruo	Here ovis e ob mer tifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and agri- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.  NRAI Services, Inc.	ee to a perfori i for in vereby	ct in this ca mance of m Chapter bl confirm tha	Prieted or typed name of signer spacity. I further agree to con y duties, and I am familiar wit 05, F.S. Or, if this document is at the limited liability company	iply with h and a s being has be	h the ccept filed en

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