M1500000 7225

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: June 16, 2020

Order#: 319875-007

Re: ARISGLOBAL, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Baronie

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

20 UN 19 FMI:

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	me of the limited liability company: ARISGLOBAI	_, LLC	
2	(a)	3119 Ponce de Leon Blvd	(b)	3119 Ponce de Leon Blvd
L .	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Coral Gables, FL 33134		Coral Gables, FL 33134
		September 9, 2015		M15000007225
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)			
	` '	Registered Agent and Registered Office shown on the records Abbhi, Sankesh	of the Florida	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS,	
		3119 Ponce de Leon Blvd		<u></u>
		Coral Gables	FL_33134	20 JUN 2
				7 (13)
	(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	
				<u> </u>
		Corporation Service Company		Iress:
		NEW Registered Office Address:		<u> </u>
		1201 Hays Street		·
		Tallahassee	FL_32301	
ch ag wa	iange ent v as/we	imited liability company is not organized under the or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the companication of the operating agreement of the companication or the operating agreement of the companication of the	the registere liability cons s of the lim	npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
_		/s/ Praveen Hebballi	Auth	orized Person
		ture of a member or authorized representative of a member		Printed or typed name of signee
pr th to	ovisi e obl mere	by accept the appointment as registered agent and cons of all statutes relative to the proper and comple igations of my position as registered agent as proviely reflect a change in the registered office address. I in writing of this change.	igree to act tie performa ded for in C I hereby co	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
(-1	Lin	trey M. Baronie		
L	ignatu .indse;	re d Registered Agent y M. Baronie, Asst. Vice President of Corporation Service Com	прапу	