Florida Department of State Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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- '1	Address:	
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	nuuless.	

LLC REGISTERED AGENT CHANGE ARBOR VIEW ENTERPRISES, 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. N	lame of the limited liability company: ARBOR VIEW I	ENTERPRISES.	LLC		
2. (a)		(1-)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	imited liability company: POST OFFICE BOX)	
	08/29/2018	M1180	000008166		
3.	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.	Document numb	oer	
5. (a)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET)	of State:			
	PLANTATION, F	L_33324			
(b) .	Northwest Registered Agent LLC			2022 OCT	
	Enter name of NEW Registered Agent and/or NEW Registere		00T 2	FERO FERO FERO	
	7901 4th St N STE 300		FILE 20		
	NEW Registered Office Address:		PH 2: 13) <u> </u>	
	St. Petersburg	L 33702		. w	
chang agent was/w the ar	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered off lability compan of the limited l	ice and the business off by, it is hereby confirmed tability company or as a ty company.	Tice of the registered ed that the change(s)	l)
Sign	ature of a member or authorized representative of a member		Printed or typed na	ame of signee	
provi: the ol to me.	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, l ed in writing of this change.	ree to act in this e performance c ed for in Chapte hereby confirm	is capacity. I further ay of my duties, and I am f er 605, F.S. Or, if this a that the limited liabili	gree to comply with familiar with and acc document is being fi ity company has been	the cept iled n
Signat	ure of Registered Agent				