

PO9 0000 62828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

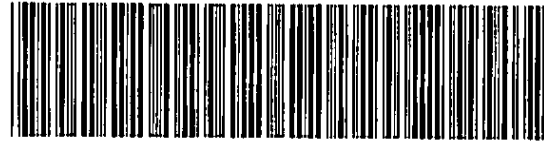
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY 15 PM 2:55

Re Change

JUN 4 2019

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

ARI Financial Group Inc.

SUBJECT: _____
Name of Corporation

P09000062828

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARIK BOUSKILA

Name of Contact Person

ARI FINANCIAL GROUP INC

Firm/Company

2980 NE 207 ST, Suite 808

Address

AVENTURA, FL 33180

City/State and Zip Code

ACCOUNTING@ARI-FG.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Carpenter at (305) 466 0577
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

19 MAR 5 PM 2:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ARI FINANCIAL GROUP INC
2. The principal office address: 2980 NE 207 ST, Suite 808, Aventura, FL 33180
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/24/2009 Document number: P09000062828

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ARIK BOUSKILA

18851 NE 29TH AVE, SUITE 413

AVENTURA, FL 33180

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ARIK BOUSKILA

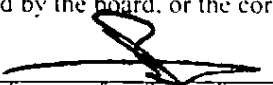
2980 NE 207 ST, Suite 808

P.O. Box NOT acceptable

AVENTURA, FL 33180

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Arik Bouskila, Owner
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

05/9/19
Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY 2019 PM 2:55