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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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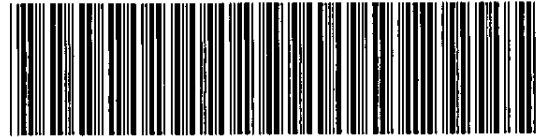
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2016

ALEXANDER DANILOV
ARIVA CORP
305 WEST ANSIN BLVD.
HALLANDALE BEACH, FL 33009

SUBJECT: ARIVA CORP
Ref. Number: P10000062785

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We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 416A00003244

RECEIVED

16 FEB 26 PM 12:51

COVER LETTER

TO: Amendment Section
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB 26 PM 2:11

SUBJECT: ARIVA CORP
Name of Corporation

DOCUMENT NUMBER: P10000062785

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:

ALEXANDER DANILOV

Name of Contact Person

ARIVA CORP

Firm/Company

305 WEST ANSIN BLVD.,

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

turbobeds@gmail.com

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

For further information concerning this matter, please call:

ALEXANDER DANILOV at (305) 496 3673
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

**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: ARIVA CORP
2. The principal office address: 305 WEST ANSIN BLVD.,
HALLANDALE BEACH, FL 33009
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/30/2010 Document number: P10000062785

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)

DANILOV, ALEXANDER

19501 W. COUNTRY CLUB DR 1013

AVENTURA, FL 33180

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

DANILOV, ALEXANDER

305 WEST ANSIN BLVD.,

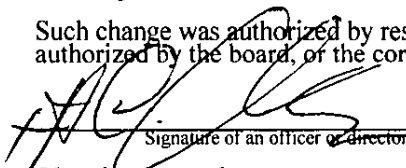
P.O. Box NOT acceptable

HALLANDALE BEACH, FL 33009

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DIVISION OF CORPORATIONS
16 FEB 26 11 21 AM

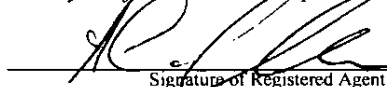
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Alexander Danilov
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

2/22/2016
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)