## P1000063785

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

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:

DANILOV, ALEXANDER

Name of Contact Person

ARIVA CORP

Firm/Company

16425 Collins Avenue, #1115

Address

Sunny Isles Beach, FL 33160

City/State and Zip Code

info@turbobeds.com

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

For further information concerning this matter, please call:

DANILOV, ALEXANDER

Name of Contact Person

at (305) 4963673

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

statement of cha	provisions of sections 607,0502, 617,056 age is submitted for a corporation organ r to change its registered office or regist	ized under the laws of the	State of FLORIDA
1. The name of t	he corporation: ARIVA CORP		
2. The principal	office address: 305 WEST ANSIN	BLVD.	
	DALE BEACH, FL 33009		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 07/30/2010	Document number:	P10000062785
	street address of the current registered a timent of State: (If resigned, enter resigned		on file with the
	DANILOV, ALEXANDER		
	305 WEST ANSIN BLVD.		S P
	HALLANDALE BEACH, FL 3	3009	
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or regi	Stereoffic D
	DANILOV, ALEXANDER		72.
	3930 EXECUTIVE WAY		3
	Р.О ВОХ NOT MIRAMAR, FL, 33025	acceptable	
The street addre as changed will	ss of its registered office and the street be identical.	address of the business of	fice of its registered agent,
Such change wa authorized by th	is authorized by resolution duly adopted be board. On the corporation has been no	by its board of directors at titled in writing of the characters.	or by an officer so ange.
Miles Sergey Nedossekin			
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and of the appointment as registered agent and of the appointment as registered agent and of the appointment o	Printed or typed red agree to act in this capa ites relative to the proper cept the obligation of my ect a change in the register writing of this change.  O7/12/2017	eite
-	half of an entity:	17410	
	ALEXANDER		
	ped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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