## P10000 62785

, (R	Requestor's Name)	
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PICK-UP	MAIT	MAIL
(E	Business Entity Name	)
(C	Document Number)	
Certified Copies	Certificates o	f Status
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

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:

DANILOV, ALEXANDER

Name of Contact Person

ARIVA CORP

Firm/Company

16425 Collins Ave #1115

Address

Sunny Isles Beach, FL, 33160

City/State and Zip Code

Chy/State and Zip C

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

Name of contact reison Area code to raytime releptione summer

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



September 5, 2017

ALEXANDER DANILOV 3930 EXECUTIVE WAY MIRAMAR, FL 33025

SUBJECT: ARIVA CORP Ref. Number: P10000062785

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):

You must list the new registered agents name and Florida street address.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 617A00018308

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

Pursuant to the provisions of sections 607,0502, 617,0 statement of change is submitted for a corporation or a corporation of change in submitted for change in submitted		
in order to change its registered office or reg	gistered agent, or both, in the State of Florida.	
1. The name of the corporation: ARIVA CORP		
2. The principal office address: 16425 Collins Av Sunny Isles Beach, FL, 33160	ve #1115	
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 registere Florida Department of State: (If resigned, enter resigned)		
DANILOV, ALEXANDER		
3930 EXECUTIVE WAY	2017	
MIRAMAR, FL. 33025	receptable  Signate (if changed) and /or registered office  Signate (if changed) and /or registered office  Signate (if changed) and /or registered office	
<ul> <li>The name and street address of the new registered a (if changed);</li> </ul>	igent (if changed) and /or registered office $\frac{\Box}{\Box}$	
Danilov, Alexander	<u> </u>	
16425 Collins Ave #1115		
	NOT acceptable	
Sunny Isles Beach, FL, 33	160	
The street address of its registered office and the streas changed will be identical.	eet address of the business office of its registered agent.	
Such change was authorized by resolution duly adop authorized by the board, or the corporation has been	need by its board of directors or by an officer so notified in writing of the change.	
All	Danilov, Alexander	
Signature of an officer of director  I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s performance of my duties, and I am familiar with an agent. Or, if this document is being filed merely to a hereby confirm that the corporation has been notifie	tatutes relative to the proper and complete d accept the obligation of my position as registered reflect a change in the registered office address. I	
HUZ	09/18/2017	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Aliyander Darrilor  Typed or Printed Name		

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