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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081

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

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## REGISTERED AGENT CHANGE ARAINO VENTURES INC

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

tatement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, the on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.	<u>i</u> s
I. The name of	the corporation: Araino Ventul	res Inc	
3. The mailing a	ddress (if different):		
4. Date of incor	poration/qualification: 10/21/15	Document number: P15000086597	
	I street address of the current regi trnent of State: (If resigned, enter	istered agent and registered office on file with the resigned)	
	LAZALA, RANDOL		
	15310 AMBERLY DRIVE STE 250		
	TAMPA, FL 33647		LAH
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and /or registered office	SEUNE MAT OF
	Registered Agents Inc		: STATE FLORID
	7901 4th St N STE 30	0	RIDA
		P.O. Box NOT acceptable	
	St. Petersburg FL 337	02	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registere	d agent,
Such change wa authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
Tatiana Rios, President			
I hereby accept I further agree of my duties, ar document is bel	re of an officer or director the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan s been notified in writing of this	Printed or typed name and title significant and agree to act in this capacity. Tall statutes relative to the proper and complete perfithe obligation of my position as registered agent. One of the registered office address, I hereby confirm change.	ormance or, if this that the
Bu H.		1/10/22	
Sig	nature of Registered Agent	Date	
If signing on bo	half of an entity:		
Bill Havre		_	
Т	yped or Printed Name		

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

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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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