

Division of Corporations

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L14000152587
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
1754 ARDENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SEP 4 2018

S. PRATHER

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: 1754 ARDENT, LLC

2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida 9/30/2014 4. Document number L14000152587

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

JOSEPH SMITH Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1825 MAIN STREET WESTON, FL 33326

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

AGENTS AND CORPORATIONS, INC. NEW Registered Office Address: 300 FIFTH AVENUE SOUTH, STE 101-330 NAPLES, FL 34102

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member Joseph C. Smith Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BARROS, MIRILLEYA S	8835 RAMBLEWOOD DRIVE APT 1609 CORAL SPRING, FL 33071	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	APRUDA VASCONCELOS, GABRIELLA	8835 RAMBLEWOOD DRIVE APT 1609 CORAL SPRING, FL 33071	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CAMILA HELENA S BARROS	8835 RAMBLEWOOD DRIVE APT 1609 CORAL SPRING, FL 33071	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CAMILLA HELENA S BARROS	8835 RAMBLEWOOD DRIVE APT 1609 CORAL SPRING, FL 33071	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST, 29TH 2018



Signature of a member or authorized representative of a member
CAMILLA HELENA S. BARROS

Typed or printed name of signer

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