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(((H23000215353 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TOBIN & REYES, P.A.

Account Number : I20000000155

Phone

: (561)620-0656

Fax Number

: (561)620-0657

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

One Email Address: dst@tobinreyes.com

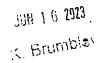
LLC REGISTERED AGENT CHANGE ARDAN STUDIOS LLC

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H230002153533

1•	· C0	VER LI	etter •		
TO: Reg	istration Section				
Divi	ision of Corporations				
SUBJECT:	ARDAN STUDIOS LLC				
SUBJECT.	Name of Limited Liability Company				
Dear Sir or I	Madam:				
The enclosed	d Registered Agent/Registered Office Char	nge and f	ee(s) are submitted for filing.		
Please return	all correspondence concerning this matter	r to the fo	ollowing:		
Debra Getts,	Esa.				
	Name of Person		-		
	- 2				
Tobin, Reyes	, Alvarez & De Biase, PLLC		_		
	Firm/Company				
225 N.E. Miz	mer Boulevard, Suite 510				
	Address		_		
Boca Raton, I	Florida 33432				
	City/State and Zip Code		_		
dgetts@tobin	reyes.com				
E-mail	address: (to be used for future annual repo	rt-notific	ation)		
For further in	nformation concerning this matter, please o	all:			
Debra Getts	at (561	620-0656		
	Name of Person		Area Code & Daytime Telephone Number		
Mai	ling Address:		Street Address:		
	istration Section		Registration Section		
	sion of Corporations		Division of Corporations		
	Box 6327		The Centre of Tallahassee		
	ahassee, FL 32314		2415 N. Monroe Street, Suite 810		
	•		Tallahassee, FL 32303		
Encl	osed is a check for the following amount	t:			
■ \$2	25 Filing Fee	□ \$55	Filing Fee & Certified Copy		
INHS18 (2/14)				

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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. 1	Name of the limited liability company: ARDAN STUDI	IOS LLC	
2. (a	12973 S.W. 112th Street Ste. 153, Miami, FL 33186		12973 S.W. 112th Street, Ste. 153, Miami, FL 33186
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	11/12/2010		0000117805
3.	Date of filing/registration in Florida Eduardo Gonzalez	4.	Document number
	Registered Agent and Registered Office shown on the records of 12973 SW 112 St Registered Office Address (MUST BE FLORIDA STREET) Suite 153	pt. of State:	
	Miami . FI	33186	25
(Ъ	Tobin, Reyes, Alvarez & De Biase, PLLC Enter name of NEW Registered Agent and/or NEW Registered 225 N.E. Mizner Boulevard	2023 JUR 15 PH	
	NEW Registered Office Address:		<u>. </u>
	Suite 510		
	Boca Raton , F1	L33432	
chang agent was/v	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	e registered of ability comp of the limited	office and the business office of the registered any, it is hereby confirmed that the change(s) d'liability company or as otherwise provided in
		David S	. Tobin, Authorized Representative of Member
I her provide the original to me notification.	sture of a member or authorized representative of a member seby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I see in writing of this change.	ree to act in performance d for in Cha hereby confi	Printed or typed name of signee this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signa	aire of Registered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00