13000115213

(Req	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
, , , ,		





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15 MAY - 1 PH 2: 32

Rachang

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ARD	EA. LIC
,	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Gigi Iza	
Name of Person	ancial group LLC
525 SOUTH F Address	2Ag les Drive Soite 100 Pg 5
City/State and Zip C	BEAUT 52 3340
E-mail address: (to be used for future	n anei al. Com ire annual report notification)
For further information concerning this m	natter, please call:
Majme of Person	at (Sb) 228 7499 Area Code & Daytime Telephone Number
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	owing amount:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	25,00 are holding



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2015

GIGI IZA UMBACH FINANCIAL GROUP, LLC 525 SOUTH FLAGLER DRIVE, SUITE 100 WEST PALM BEACH, FL 33401

SUBJECT: ARDEA LLC Ref. Number: L13000115213

We have received your document for ARDEA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing Senior Section Administrator

Letter Number: 115A00007107

RECEIVED

15 APR 24 AM 9: 35

DEEAST DE CONTORATIONE
TALLAMAS SEE, FI SWIDA

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.

l. Nam	ne of the limited liability company: Ardea LLC
	525 South Flag Lev DR, #100 (b) WEST Parm BEACH F2 33401 Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
_	525 SOUTH PLAGLER DRIVE 525 SOUTH FLAGLEN DV. # 100
_	STE. 100 West farm BEACH & WEST PARM BEACH & 33401
	8/15/13 L13000115213
3.	Date of filing/registration in Florida 4. Document number
5. (a) _	Corona Properties LP
R	tegistered Agent and Registered Office shown on the records of the Florida Dept. of State:
_	
F	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
_	525 SOUTH FLAGLE DV. Sta 100
_	WEST PARM BEACH , FL 33401 ES E
(b) _	Joseph Umbach
	inter name of NEW Registered Agent and/or NEW Registered Office address:
_	525 South Fragles Drive # 100
2	NEW Registered Office Address:
_	WEST PARM BEAZH
_	, FL 33401
the chang agent will was/were	nited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ge or changes are made, the Florida street address of the registered office and the business office of the registered il be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) e authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the conformal printed of the limited liability company. To Seph Umbaum To Seph Umbaum Trinted or typed name of signee
Signatur	re of a Nember or authorized representative of a member Printed or typed name of signee
noujiea i	of Refrected Agont

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