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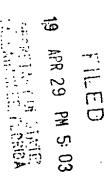
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Division of Corporations				
SUBJECT: CHANGE OF REGISTER  Name of Lim	RED OFFICE ADDRESS ited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
PETER 1. FINLAY  Name of Person				
ARDENTIS, LLC Firm/Company	Ardentis LLC 12852 Oxford Crossing Drive Jacksonville, FL 32224 UNITED STATES			
12 852 OXFORD CROSSIN	IS DRIVE			
JACKSONVILLE FL 322 City/State and Zip Code	24			
Pete Ardentis LLC. Con E-mail address: (to be used for future annual repor	t notification)			
For further information concerning this matter, please co	all:			
PETER 1 FINLAY at (	17 ) 841 2947 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: 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 amount:				
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

## - 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.

i norma	it.			
1. Na	nme of the limited liability company: ARDENTIS	LLC		
2. (a)				
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	, <u> </u>	Mailing address of limited (Note: MAY BE POST	• • •
	12852 OXFORD CROSSING DRIVE	12-852	OXFORD C	ROSSING DR
	12852 OXFORD CROSSING DRIVE SACKSONVILLE FC 32274	SACKS	SONVILLE	FL 3222
	January 29, 2014  Date of filing/registration in Florida 4.	L14	0000 156	02
3.	Date of filing/registration in Florida 4.		Document number	
5. (a)	PETER 1. FINLAY			
• /	Registered Agent and Registered Office shown on the records of the Florida	Ia Dept. of State	::	
	Registered Office Address (MUST BE FLORIDA STREET ADDRES		<b>A</b>	lauria III o
	12352 OXFORD CROSSING	DRIVE	<b>Arc</b> 12852 Oxf	lentis LLC ford Crossing Drive
	12352 OXFORD CROSSING 3	2224	Jackso HND	nville, FL 32224 FED STATES
		<u> </u>		CO STATES
(b)			·	
	Enter name of NEW Registered Agent and/or NEW Registered Office a	<u>ddress</u> :	a ve	<u>र्</u> क
	PETER 1. FINLAY			APR
	NEW Registered Office Address:			E E
	12620 BEACH BOULEVARD	SIE.	3 307	<b>골</b> Ū
			1.3 TH 273 TH 273 TH	5: 03
	JACKSUNVICLE	246		03
If the 1	limited liability company is not organized under the laws of th	e State of Flo	orida, it is hereby con	firmed that after
the cha	ange or changes are made, the Florida street address of the rep	istered office	and the business off	ice of the registered
agent v	will be ideffical. Or, in the case of a Florida limited liability ere author <b>2</b> d <sub>4</sub> by an affirmative vote of the members of the li	company, it is mited liabilit	s hereby contirmed th v company or as other	at the change(s) rwise provided in
the art	icles of organization or the operating agreement of the limited	Hiability con	ipany.	
	VAHAT	YE	ER 1. FIN	
	nture of a member of authorized representative of a member		Printed or typed name of	-
- I here -provis. -the ob	by accept the appointment as registered agent and agree to a ions of all statutes relative to the proper and complete perfor- ligations of my position as registered agent as provided for in ely reflect a change in the registered office address, I hereby d'in writing of this change	ot in this cap nance of my Chapter 603	acity. 1 juriner agree duties, and I am famil j. F.SOr, if this doci	to comply with the liar with and accept ament is being filed
to mer notifie	ely reflect a change in the Registered office address, I hereby d in writing of this change	confirm that	ine limited hability co l	ompany has been
			4 26/	2019
Signati	are of Registered Agent \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		$I = I^*$	

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

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