<u>114000113599</u>

(Requestor's Name)		
•		
(Address)		
(Address)		
(Cirl	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(De	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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R. WHITE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Change of Registered Office	e & Agent	
Nar	ne of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the	e following:
Robin E Owens		
Name of Person		
Ardent RE, LLC		
Firm/Company		www.marken
PO Box 691		
Address		
Palm Beach, FL. 33480		
City/State and Zip Code		
robin@reowens.com		
E-mail address: (to be used for future ann	ual report noti	fication)
For further information concerning this matter,	please call:	
Robin E Owens	561	249-2905
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:	
☑ \$25 Filing Fee		55 Filing Fee & Certified Copy
TNHS18 (2/14)		· · · · · · · · · · · · · · · · · · ·

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.

Name of the limited liability company: Ardent RE, LL	LC
619 Palm St	(b) PO Box 691
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company (Note: MAY RE POST OFFICE ROX)
West Palm Beach	Palm Beach
Florida, 33401	Florida, 33480
07/17/2014	L14000113599
Date of filing/registration in Florida	4. Document number
Business Filings Incorporated	
Registered Agent and Registered Office shown on the records of the	he Florida Dept. of State:
515 Park Ave	مريزاسم
Registered Office Address (MUST BE FLORIDA STREET A	
Tallahassee	20204
railanasseeFL	32301 L
Enter name of NEW Registered Agent and/or NEW Registered (Office address:
THE THE PERSON OF THE PERSON O	₩. œ
A. Max Zaretsky, Esq.	
NEW Registered Office Address:	
1615 Forum Place, Suite 3A	
West Palm Beach	33401
limited liability company is not organized under the laws	s of the State of Florida, it is hereby confirmed that after
ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liab	the registered office and the business office of the register
ere authorized by an affirmative vote of the members of	the limited liability company or as otherwise provided
cles of organization or the operating agreement of the li	
ture of a member or authorized representative of a member	ROBIN C. OWENS Printed or typed name of signee
by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	•••
Land	

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

INHS18 (2/14)