

215000141416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

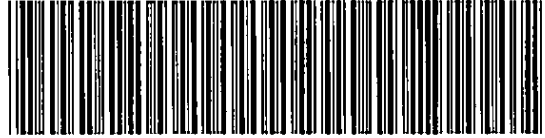
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 OCT 15 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FL

2018 OCT 15 AM 9:53

LT  
10-23-18  
RA AG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARDICON GROUP LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARMANDO DIAZ

Name of Person

ARDICON GROUP LLC

Firm/Company

1616 N FLORIDA MANGO RD,SUITE C-4

Address

WEST PALM BEACH,FL.33409

City/State and Zip Code

mandy@ardicongroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARMANDO DIAZ

Name of Person

at 561 324-6182

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.

1. Name of the limited liability company: ARDICON GROUP LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

408 CAROLINE AVE

WEST PALM BEACH, FL. 33413

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

408 CAROLINE AVE

WEST PALM BEACH, FL. 33413

08/18/2015

L15000141416

3. Date of filing/registration in Florida

4. Document number

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

ARMANDO DIAZ

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

408 CAROLINE AVE

WEST PALM BEACH, FL 33413

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

NEW Registered Office Address:

1616 N FLORIDA MANGO RD, SUITE C-4

WEST PALM BEACH, FL 33409

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FL

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

ARMANDO DIAZ

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