

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L18000077427**

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((H23000285289 3)))



H230002852893ABC6

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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

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

Email Address: dst@tobinreyes.com

**LLC REGISTERED AGENT CHANGE**

**ARDAN LABS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

2023 AUG 17 PM 12:00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 AUG 17 PM 3:32

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APPROVED  
AND  
FILED

**H23000285289 3****COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARDAN LABS 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:

Debra Getts, Esq.

Name of Person

Tobin, Reyes, Alvarez & De Biase, PLLC

Firm/Company

225 N.E. Mizner Boulevard, Suite 510

Address

Boca Raton, Florida 33432

City/State and Zip Code

dgetts@tobinreyes.com

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

For further information concerning this matter, please call:

Debra Getts

at ( 561 ) 620-0656

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

**H23000285289 3**

H23000285289 3

# 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: ARDAN LABS LLC
2. (a) 12973 S.W. 112th Street, Ste. 153, Miami, FL 33186  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)
- (b) 12973 S.W. 112th Street, Ste. 153, Miami, FL 33186  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)
3. 03/26/2018  
Date of filing/registration in Florida
4. L18000077427  
Document number
5. (a) Thomas R. Herrera  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
12301 Lake Underhill Road  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Ste 257  
Orlando, FL 32828
- (b) Tobin, Reyes, Alvarez & De Biase, PLLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
225 N.E. Mizner Boulevard  
NEW Registered Office Address:  
Suite 510  
Boca Raton, FL 33432

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]  
Signature of a member or authorized representative of a member

David S. Tobin, Authorized Representative of Member  
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]  
Signature of Registered Agent

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

APPROVED  
AND  
FILED  
2023 AUG 17 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310