

MO200000 1407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500285019685

FILED
16 APR 26 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
16 APR 26 PM 2:53

APR 27 2016
J. HARRIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 116925 4388149

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : April 26, 2016

ORDER TIME : 12:23 PM

ORDER NO. : 116925-010

CUSTOMER NO: 4388149

FOREIGN FILINGS

NAME: ARDENT SERVICES, L.L.C.

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Ardent Services, L.L.C.

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M02000001407

3. Jurisdiction of its organization: Louisiana

4. Date authorized to do business in Florida: 06/03/2002

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee

City

, Florida 32301

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

Melissa Zender

Asst. Vice President

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Bryan A. Landry</u>	<u>813 Willow Oak Ln</u>	<input type="checkbox"/> Add
		<u>Mandeville, LA 70448</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Albert F. Vallotton, III</u>	<u>3600 Transcontinental Dr.</u>	<input type="checkbox"/> Add
		<u>Mandeville, LA 70448</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Richard L. Bubrig</u>	<u>191 Live Oak Street</u>	<input type="checkbox"/> Add
		<u>Metairie, LA 70006</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>AR Holding Corp.</u>	<u>301 Merritt Seven,</u>	<input checked="" type="checkbox"/> Add
		<u>Norwalk, CT 06851</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Anthony Triano
Signature of the authorized representative

Anthony Triano, VP
Typed or printed name of signee

Filing Fee: \$25.00

FILED
16 APR 26 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA