Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number : (954)208-0845

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

Email Address:

REGISTERED AGENT CHANGE CARDINAL INVESTMENT COMPANY

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208**6345** From Ranae Mc

JUN 10 2019

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Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, this unized under the laws of the State of Florida
in order to change its registered office or regis	tered agent, or both, in the State of Florida.
1. The name of the corporation: Cardinal Investme	ent Company
2. The principal office address: 1909 Salt Myrtle I	_ane
Orange Park, FL 32005	
3. The mailing address (if different):	
	206763
4. Date of incorporation/qualification: 09/14/1965	Document numbor: 296763
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign	agent and registered office on file with the
RAX Co.	
50 North Laura Street, Suite	3300
Jacksonville, FL 32202	
6. The name and street address of the new registered ag (if changed):	ent (if changed) and /or registered office
C T Corporation System	1
1200 South Pine Island Roa	ad .
Plantation, FL 33324	OT acceptable —
as changed will be identical.	at address of the business office of its registered agent,
Such change was authorized by resolution duly adopte authorized by the board, of the corporation has been n	ed by its board of directors or by an officer so notified in writing of the change.
All I	Thomas W. Pace, President
Superiore of an officer of director	Fruid a typed name and title
I hereby accept the appointment as registered agent a I further agree to comply with the provisions of all sto performance of my duties, and I am familiar with und egent. Or, if this document is being filed merely to re bereby confirm that the corporation has been notified	states relative to the proper and complete accept the öblication of my position as registered flect a change in the registered office address, I in writing of this change.
Wader Culpl	6-7-19
Signature of Registered Agenx If signing on behalf of an entity: Madonna Cuddiny	Date
Assistant Secretary Typed or Printed Name	
	JPP TO . ድጋድ በብ ቁ ክ ያ

* * * FILING PEE: \$35.00 * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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