

A05 000002070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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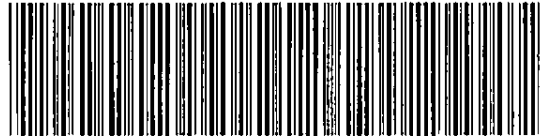
(Business Entity Name)

(Document Number)

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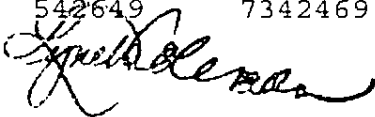
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 542649 7342469

AUTHORIZATION : 

COST LIMIT : \$ 35.00

ORDER DATE : July 9, 2024

ORDER TIME : 11:55 AM

ORDER NO. : 542649-003

CUSTOMER NO: 7342469

CHANGE OF AGENT

NAME: DVI CARDEL FUND 1, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. DVI CARDEL FUND 1, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/15/2005 3. A05000002070
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Gomez-Moller, Jorge, CLO
Name
255 Alhambra Circle SUITE 760
Address
CORAL GABLES,, FL 33134
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

/s/ Carlos J. Rodriguez Carlos J. Rodriguez, Manager of DVI CARDEL, LLC, General Partner
Signature of General Partner

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.

Grace E. Kirby GRACE E. KIRBY, ASST. VICE PRESIDENT
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50 542649-3

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA