

A99000002225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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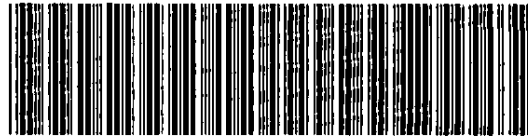
(Business Entity Name)

(Document Number)

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D. BRUCE

AUG 3 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cordell Funding LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A99000002225

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

Please return all correspondence concerning this matter to:

Kim Martin
Contact Person
Cordell Funding LLLP
Firm/Company
ATTN: Kim Martin, 675 Berkmar Ct.
Address
Charlottesville, VA 22901
City, State and Zip Code
robinrodriguez@anglofinancial.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kim Martin at (434) 817-5135
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**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. Cordell Funding LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/28/1999 3. A99000002225
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:

Robin Rodriguez
Name

3333 Poinciana Avenue
Address

Coconut Grove, FL 33133
City, State and Zip

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

Irwin Gilbert
Name

712 US Highway 1, Suite 400
Florida street address (P.O. Box not acceptable)

North Palm Beach FL 33408
City, State and Zip

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

Robin Rodriguez
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.

[Signature]
Signature of Registered Agent

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

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA