

B1 000 0000 122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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EXAMINER



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12 AUG - 6 AM 09 19
SECRETARY OF STATE
DIVISION OF CORPORATIONS

July 31, 2012

VIA US MAIL

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: **Cardinal Financial Company, Limited Partnership**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$35 \$25 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,



Adam Saldaña
REGISTERED AGENT SOLUTIONS, INC.

12 AUG -6 PM 8:19
OFFICE OF THE SECRETARY OF STATE
CORPORATE FILINGS

**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. Cardinal Financial Company, Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. 07/14/2010
Date of filing/registration in Florida

3. B10000000122
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:

CT CORPORATION SYSTEM
Name
1200 SOUTH PINE ISLAND ROAD
Address
PLANTATION FL 33324 US
City, State and Zip

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

Registered Agent Solutions, Inc.
Name
155 Office Plaza Dr. Suite A
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.


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.

 Art Flores, Rst. Sec.
Signature of Registered Agent

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

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
12 AUG -6 AM 8:19

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Name

155 Office Plaza Dr. Suite A

Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301

City, State and Zip

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Robert J. Longfellow
Signature of General Partner

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Art Flores, RST, Sec
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA