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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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

Email Address:

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REGISTERED AGENT CHANGE CARDINAL RESTORATION INC.

Certificate of Status	0
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APR -6 2021

M. SOLOWON

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

Pursuant to the provisions of sections 607.0502, 615 statement of change is submitted for a corporation of the corporation of t		his .
1. The name of the corporation: CARDINAL RESTO	DRATION INC.	
2. The principal office address: 4084 DRIFTING SA		<u></u>
3. The mailing address (if different): 4084 DRIFTING	S SAND TRAIL DESTIN, FL 32541	
4. Date of incorporation/qualification: 04/15/2020	Document number: F20000001900	
5. The name and street address of the current register. Florida Department of State: (If resigned, enter re		
GOULDING, DAVID		1202
4084 DRIFTING SAND TRA	AL	ביי
DESTIN, FL 32541		
6. The name and street address of the new registered (if changed):	d agent (if changed) and for registered office	
Registered Agents Inc.		
7901 4th St N STE 300		
St. Petersburg FL 33702	NOT acceptable	
The street address of its registered office and the sas changed will be identical.	street address of the business office of its register-	ed agent.
Such change was authorized by resolution duly ad authorized by the board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.	1
DAVID LOULDINÀ	DAVID GOULDING Printed or typed name and title	
I hereby accept the appointment as registered age I further agree to comply with the provisions of al performance of my duties, and I am familiar with agent. Or, if this document is being filed merely thereby confirm that the corporation has been notificated.	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as regis, o reflect a change in the registered office address	tered s, I
Bel Hame	4/5/2021	
Signature of Registered Agent	Dute	_
If signing on behalf of an entity:		
Bill Havre Typed or Printed Name		

* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of