

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000129679 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

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

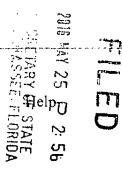
Email Address:

LLC REGISTERED AGENT CHANGE PALM BEACH CARDINALS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



MAY 26 2016

5/25/2016 4:13:13 PM From: To: 8506176383(2/2)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: Palm Beach Card	linals, LL	c			
2. (a)	_	(t))			
• •	Principal office address of limited liability company: (Note: MUST BE STREET_ADDRESS)	`	,	failing address of limit (Note: MAY BE PO	ed liabili ST OFFI	ty company: CE BOX)
	700 Clark Ave., Saint Louis, MO 63102		700 Clark A	ve., Saint Louis, Mo	0 63102	
	9/20/2002		L0200002460	00		
3.	Date of filing/registration in Florida	4,		Document number	•	
5. (a)	MICHAEL E. BOTOS					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Office Address (MUST BE FLORIDA STREET ADDRESS) One North Clematis Street Suite 400			:		
(b)	West Palm Beach , FL	33401		-	99 15°	-version 2.2
	C T Corporation System			25 20 20 20 27 31	35 52	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			TARY OF STATE ASSECUTIONIDA	25 D	
	NEW Registered Office Address:			OR OR	Ċ	
	1200 South Pine Island Road			IDA A	26	
	Plantation , FL	33324	···			
the chagent was/was/was/was/was/was/was/was/was/was/	timited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of icles of organization of the operating agreement of the authorized representative of a member of the appointment as registered agent and agriculture of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I did writing of this change. Kristin Bolder of Registered Agent	f the reginability confirmed limited l	stered office ompany, it is nited liability liability com hael E. Whittl	and the business of hereby confirmed company or as of pany. The Printed of typed name writy. I further agr.	office of that the herwise of signe-	the registered e change(s) provided in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00