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PICK-UP WAIT MAIL	
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(Business Entity Name)	
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2006 DEC -8 PH 1: 07 SECRETARY OF STATE ALL AHASSEF, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CDS PARTNERS (Name of Limite	人人 <u>C</u> ed Liability Company)	_	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for	filing.	
Please return all correspondence concerning this n	natter to the following:		
Larry Chadwell SR (Name of Person)	- Marine Control of the Control of t		
CDS PARTNERS LLC (Firm/Company)			
2401 Victoria Gardens (Address)		200 SE TALI	
Tampa, FL 33609 (City/State and Zip Code)		6 DEC CRETAR LAHASS	
For further information concerning this matter, ple	ease call:	2006 DEC -8 PM 1:0: SECRETARY OF STATE ALLAHASSEE, FLORIO,	
Larry E. Chadwell, Sr. at (Name of Person)	813 601-3959		
/ (Name of Person)	(Area Code & Daytime Tele	phone Numbe	er)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following am	ount:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Cop	ру	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agein, or boin, in the blane by I tortua.	0		
1. The name of the limited liability company is:			 ',
2. The mailing address of the limited liability compa	uny is: 2401 Victori	a Garden	5/22~
	Tampa, FL 33	3609	
0/-/,			
9/18/06 3. Date of filing/registration in Florida	4. Document number	-2380	
5. Date of fining/registration in Florida	4. Document number		
6. The name and address of the new registered agent	me -ia Gardens Lang liess 33609 e and Zip and/or office:	2006 DEC SECRET TALLAH <i>I</i>	
Florida street address (P.	ne // Sr. Die O. Box NOT acceptable) 33609 and Zip	ARY OF STATE	
•	•		
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or a or the operating agreement of the limited liability confirmed that the characteristic of the limited liability confirmed	er the laws of the State of Floridathe Florida street address of the identical. Or, in the case of a lange(s) was/were authorized by so otherwise provided in the article mpany.	la, it is hereby e registered offic Florida limited an affirmative v cles of organizat	ce rote tion
Larry E. Chadwe // (Printed of typed name of signee)			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacit the proper and complete perfort my position as registered agent to merely reflect a change in th mpany has been notified in writ	y. I further agri mance of my dut as provided for he registered off ting of this chan	ee to ties, · in ice ige.
(Signature of Registered Agent)			

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