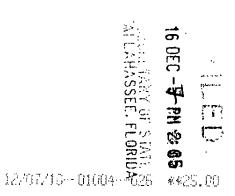
## L05000022603

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

TO:	$oldsymbol{arphi}$			
	Division of Corporations			
		·		
SUBJECT: Joe W. Cordell, Jr., L.L.C.				
	Name	e of Limited Liability Company		
Dear S	ir or Madam:			
TT1	alough Designation of Agent/Designation of Office	as Change and fee(s) are submitted for filing		
i ne ch	iciosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to the following:		
	Robert M. Ervin Jr.			
	Name of Person			
	Ervin, Kitchen & Ervi	n		
	Firm/Company	11		
	1 Introdupanty			
	£.O. Drawer 1170			
	Address			
	Tallahassee, FL 3230	2		
	City/State and Zip Code	<del></del>		
	kandacooksey@comcast.net			
E-mail address: (to be used for future annual report notification)				
For fu	orther information concerning this matter,	please call:		
	Robert M. Ervin Jr.	at ( 850 ) 224-9135		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
	Talialiassee, Florida 52501			
	Enclosed is a check for the following amount:			
		□ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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.

. Na	me of the limited liability company:Joe W. C	Cordell	, Jr., L.L.C.
l. (a)		(b)	
( ) -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3487 Garden View Drive		3487 Garden View Drive
	Tallahassee, FL 32309		Tallahassee, FL 32309
	3/7/2005	I	L05000022603
3.	Date of filing/registration in Florida	- <sub>4.</sub> -	Document number
<b>5</b> (a)			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	Too W. Cordoll Tr		
	Joe W. Cordell, Jr. Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1525 Alligator Point Drive		
	Panacea	3234	16 AH B
	, FI		
0.5			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	iress:
	Amy Cordell Cooksey		
	NEW Registered Office Address:	-	
	3487 Garden View Drive		
	Tallahassee	32309	9
the cha agent v was/w	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited leve authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis iability co of the lim	stered office and the business office of the registero impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
/_	hell freth	Jo	oe W. Cordell, Jr.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to mer notifie	by accept the appointment as registered agent and agins of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, left in writing of this change.	gree to act e performo ed for in C I hereby co	t in this capacity. I further agree to comply with th ance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file onfirm that the limited liability company has been

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