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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations	
SUBJECT: Cardinal Solutions, LLC (Name of Limited Liability Company)	
(Tumb of Emiliary Company)	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitt	ed for filing.
Please return all correspondence concerning this matter to the following:	
<u>Courcharn</u> S. Dang (Name of Person)	
Cardinal Solutions, LLC (Firm/Company)	
(i iiiii Company)	
6445 Dun berry Lane	
•	
Naples 7L 34119 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Gurcham S. Dang at (239) 449-105 (Name of Person) (Area Code & Daytim	58
(Name of Person) (Area Code & Daytim	e 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 32314	
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\sum \$\sum \text{\$\sum \sen \text{\$\sum \text{\$\sin \tex	ed Copy

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.

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1. The name of the limited liability company is: Cardinal Solutions, LLC	2	
2. The mailing address of the limited liability company is: 6445 Dunberry	_	M.
Naples, 76 34119	}	· · · · · · · · · · · · · · · · · · ·
3. Date of filing/registration in Florida LOGO OG CLUC 4. Document number	24	
5. The name of the registered agent and the registered office address as shown on the reconflorida Department of State: Richard D. Lyons Name 25241 Elementary Way, Saitt 206 Address Bonita Springs, 76, 34135 City, State and Zip	rds of th	SECRETA DIVISION OF
6. The name and address of the new registered agent and/or office:	6 P.	NRY O
Name 6445 Dan berry Lane Florida street address (P.O. Box NOT acceptable) Naples, FL 34119 City, State and Zip	33	STATE PRATIONS
If the limited liability company is not organized under the laws of the State of Florida, it is confirmed that after the change or changes are made, the Florida street address of the regis and the business office of the registered agent will be identical. Or, in the case of a Florida liability company, it is hereby confirmed that the change(s) was/were authorized by an affi of the members of the limited liability company or as otherwise provided in the articles of or the operating agreement of the limited liability company.	stered of a limited irmative	ffice d vot e
(Signature of a merioer or authorized representative of a member) Luckarn 5. Dang (Printed or typed name of signee)		
I hercby accept the appointment as registered agent and agree to act in this capacity. I fucionally with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent as pre Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the reginal address, I hereby confirm that the limited liability company has been notified in writing of	irther a of my d wided f stered o this ch	gree to luties, for in office ange.
(Signature of Registered Agent) Division of Cornerations P.O. Box 6327 Tallahassee FI 32314		

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