## 11/10/00/84025

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## **COVER LETTER**

TO: Registration Section

	Division of Corporations				
	SUBJECT: CDH Partners, LLC (Name of Limited Liability)	ty Company)			
	Dear Sir or Madam:				
	The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.			
/o	Please return all correspondence concerning this matter to to the L&J SCHMIER MGMT 6111 Broken Sound PKWY NW Suite 350  Melissa Crowe (Name of Person)	he following:			
	CDH Partners,LLC				
	(Firm/Company)				
	6111 Broken Sound Pkwy, NW Ste 350 (Address)	SECRE IA-	07 AUG 21		
	Page Poten Florida 22497	177 ×			
	Boca Raton, Florida 33487 (City/State and Zip Code)	FLOT	PH 12: 39		
	For further information concerning this matter, please call:	ATF. )RID <b>A</b>	သ		
	Melissa Crowe at ( 561	988-1982			
	(Name of Person) (A	Area Code & Daytime Telephone N	umber)		
	Registration Section Regis Division of Corporations Divis Clifton Building P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314			
Enclosed is a check for the following amount:					
	✓ \$25 Filing Fee	Filing Fee & Certified Copy			
	INHS18 (8/05)				

## 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.

1. The name of the limit	ed liability company is: CI	OH Partners ,LLC			
2. The mailing address o	f the limited liability compa	any is: 6111 Broken Soun	d Pkwy. NW		
Ste. 350, Boca Raton,					
1 08/24/2006		L06000084025			
3. Date of filing/registration in Florida		4. Document numb	4. Document number		
5. The name of the registr Florida Department of		ed office address as shown or	the records of the		
•	Melissa Crowe	·			
	- 1-	ame	i		
7777 Glades Road, Ste 201					
Address					
Address  Boca Raton, FL 33434  City, State and Zip					
	City, Sta	te and Zip	SS - F		
6. The name and address of the new registered agent and/or office:					
	Melissa Crowe		PM 12: 39 EE, FLORID		
Melissa Crowe  Name  6111 Broken Sound Pkwy, NW Ste 350					
6111 Broken Sound Pkwy, NW Ste 350					
	Florida street address (P	O. Box NOT acceptable)			
	Boca RatonF	L 33487			
	City, State	and Zip			
If the limited liability con	mpany is not organized und	er the laws of the State of Fl	orida, it is hereby		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

## Melissa Crowe

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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