

110000084025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

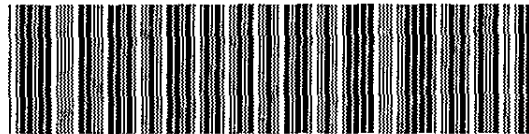
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CDH Partners, LLC  
(Name of Limited 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 matter to the following:

*c/o*  
Melissa Crowe  
(Name of Person)  
L & J SCHMIER MGMT  
6111 Broken Sound PKWY NW  
Suite 350  
BOCA RATON, FL 33487

CDH Partners, LLC  
(Firm/Company)

6111 Broken Sound Pkwy, NW Ste 350  
(Address)

Boca Raton, Florida 33487  
(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Crowe at ( 561 ) 988-1982  
(Name of Person) (Area Code & Daytime Telephone Number)

**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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

*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.*

- |   |                    |
|---|--------------------|
| ✓ 08/24/2006                              | L06000084025       |
| 3. Date of filing/registration in Florida | 4. Document number |

- |                           |                     |
|---------------------------|---------------------|
| _____                     | Name                |
| 7777 Glades Road, Ste 201 | Address             |
| Boca Raton, FL 33434      | City, State and Zip |

- Melissa Crowe  
Name  
6111 Broken Sound Pkwy, NW Ste 350  
Florida street address (P.O. Box **NOT** acceptable)  
Boca Raton FL 33487  
City, State and Zip

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

(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)

INHS18 (8/05)