

L10000023579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

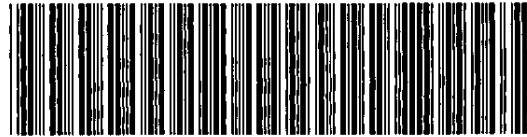
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SECRETARY OF STATE  
DIVISION OF CORPORATION  
12 APR 19 AM 8:15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cardo Appraisal Group, 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:

Frank J. Cardo

Name of Person

Cardo Appraisal Group, LLC

Firm/Company

2385 NW Executive Center Drive, Suite 100

Address

Boca Raton, Florida 33431

City/State and Zip Code

fcardo@cardoappraisal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank J. Cardo

Name of Person

at ( 561 ) 573-0285 cell or 893-6808 office

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

FILED  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
12 APR 19 AM 8:15

**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. Name of the limited liability company: Cardo Appraisal Group, LLC

2. (a) Principal office address of limited liability company: 2385 NW Executive Center Drive

**(Note: MUST BE STREET ADDRESS)**

Suite 100

Boca Raton, FL 33431

(b) Mailing address of limited liability company: 2385 Executive Center Drive

**(Note: MAY BE POST OFFICE BOX)**

Suite 100

Boca Raton, FL 33431

March 2, 2010

L 10000023579

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Frank J. Cardo

Registered Office Address:

2385 NW Executive Center Drive

Suite 100

Boca Raton, Florida 33431

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NEW Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

2385 NW Executive Center Drive

Suite 100

Boca Raton, FL 33431

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.

Frank J. Cardo 2012.03.08 20:03:23  
Signature of a member or authorized representative of a member

Frank J Cardo

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.*

Frank J. Cardo 2012.03.08 20:03:39  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00