L11000 102298

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	#)			
PiCK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne) '			
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600276493956

09/01/15--01011--002 **25.00

2015 SEP - 1 AH II: 48
SERETARY OF SIATALLAHASSEE FLORID

SEROS POR PLIES

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: CORDELL, 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:						
Mura Simmona						
Myra Simmons Name of Person						
raine of Ferson						
Capitol Corporate Services, Inc. (Registered Agent Dept.)						
Firm/Company						
800 Brazos Ste 400						
Address						
Austin TX 78701						
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
To funder information concerning and matter, prease can.						
Myra Simmons at (800) 345-4647						
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 32314						
Tallahassee, Florida 32301						
Enclosed is a check for the following amount:						
∑ \$25 Filing Fee						
NHS18 (2/14)						



Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831 Austin. TX 78767 Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

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

DATE: STATE: REP UNIT: 8/28/2015 FLORIDA CORDELL, LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #26599 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Florida	s the following statement in order to change its a. CORDELI me of the Limited Liability Company:		or registered agent,	or both, in the State of
2. (a)	100 North Tampa Street	(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_	mited liability company: POST OFFICE BOX)
	Suite 1650	· k,		· · · · · · · · · · · · · · · · · · ·
	Tampa, FL 33602			
	9/7/2011	<u>L11</u>	000102298	
3.	Date of filing/registration in Florida	4.	Document numb	per .
5. (a)	Jennifer Hovanic Registered Agent and Registered Office shown on the record	ls of the Florida Dept.	of State:	
	100 North Tampa Street Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)		
	Suite 1650			SEL SEL
	Tampa	,FL_33602		SEP -
(b)	Capitol Corporate Services, Inc.			SEE PER
-	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:		AMII: 46
	155 Office Plaza Dr Ste A		<u></u>	5 5
	NEW Registered Office Address:			~•
	Tallahassee	.FL 32301		
the cha	imited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative of of the membericles of organization or the operating agreement of	e laws of the State is of the registered ad liability compar	l office and the busines by, it is hereby confirm	s office of the registered led that the change(s)
	Ju-VIV		seph E. Co	dell
	ture of a member or authorized representative of a member		Ç 71	
1 here provisi	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as pro	l agree to act in th lete performance of wided for in Chapt	is capacity. I further a of my duties, and I am car 605 FS. Or if this	igree to comply with the familiar with and accept 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

Delanie Case, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

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