## 112000005360

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



600311699686

04/23/18--01025--013 \*\*25.00

FILED

18 APR 23 PH 12: 09

SECRETARY OF STATE
FALL ARRANGE FI ORIO.

" CVI

APR 25 2018

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company:Cardinal Re	sources,	LLC
2. (a)	995 Canton St.	(b)_	995 Canton St.
λ. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(%)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 100		Suite 100
	Roswell, GA 30075		Roswell, GA 30075
	January 10, 2012		L12000005360
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Robert W. Hagan		
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State:
	100 North Lake St.		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	<b>5</b>
			三 第 五
	Crescent City, FL	32112	FILE DE STA
(b)	Registered Agents Inc.		FG 22 12 12 12 12 12 12 12 12 12 12 12 12
( )	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	100 PM
	3030 N. Rocky Point Dr.		
	NEW Registered Office Address:		<del> </del>
	Suite 150A		
	Tampa .FL	33607	
the cha agent v was/w	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the register ability composited if the limite limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to meri	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I had in writing of this change.	ee to act in performand d for in Cha hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signatu	re of Registered Agent		

. •