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## COVER LETTER

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**TO:** Registration Section Division of Corporations

SUBJECT: Cordel, LLC

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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:

Olga Santos

Name of Person

Firm/Company

13140 SW 28th Ct.

Address

Davie, FL 33330

City/State and Zip Code

ovs921@gmail.com

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

For further information concerning this matter, please call:

Olga Santos	305 785-6231	
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		

☑ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

## 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.

l. Na	me of the limited liability company: Cordel, Ll	LC	
	2501 S Ocean Dr Hollywood, FL 33019	(b) Same	
2. (ii)	Principal office address of limited liability company ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	$\frac{3}{21}/2012$ Date of filing/registration in Florida	L120000	39203 Document number
5. (a)	Yanira Santos		_
	Registered Agent and Registered Office shown on the recor	rds of the Florida Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STR) 2541 Eagle Run Drive	<u>EET ADDRESS)</u>	- 2019 819 819 819 819 819 819 819 819 819 8
	Weston	.FL <sup>33327</sup>	
(b)	Olga Santos Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	stered Office address:	- 74 - 27 23 - 23
	<u>NEW</u> Registered Office Address:		<u>-</u>
	13140 SW 28 Ct.		_
	Davie	FL_33330	_
the cha agent w was/we the arti	imited liability company is not organized under the inge or changes are made, the Florida street addre vill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the memb cles of organization or the operating agreement o tare of a member or authorized representative of a member	ess of the registered offic ted liability company, it pers of the limited liabili of the limited liability co Olga Santos	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Printed or typed name of signee
I herel provisi the obl to mere notified	by accept the uppointment as registered agent and ons of all statutes relative to the proper and com- igations of map obsition as registered agent as pro- ely reflect a thange in the registered office addre. I in writing of this change.	d agree to act in this cap plete performance of my ovided for in Chapter 60 ss, I hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 15, F.S. Or, if this document is heing filed t the limited liability company has been

Signature of Registered Agent

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

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