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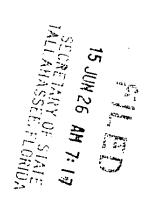
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations CARDINAL EXECUTIVE PROTECTION SERVICES, 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: PATRICIA M. GARCON Name of Person Cardinal Executive Protection Services, LLC Firm/Company 605 kendall lake Drive, Suite204 Address Brandon, FL 33510 City/State and Zip Code patthyg2001@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Patricia M. Garcon 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 ■ \$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.

1.	Na	me of the limited liability company: Cardinal Execu	utive	۲ <u>۱</u>	otection S	ervices,LL	C
2.	(a)	605 Kendall Lake Dr Suite 204	(b) 605 Kendall Lake Dr Suite 204				
	` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	()	Ma	-	f limited liability company: E POST OFFICE BOX)
		Brandon FL, 33510			Brandon F		ETOST OFFICE BOX
		Dianon L, 000 to	-		- Brandon r	-L,33310	
		06/15/2015		l	.15000072	961	
3.		Date of filing/registration in Florida	4.		D	ocument nui	mber
5.	(a)						
	• • •	egistered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
		335 COGENATOR WIVE	S	بليا	te#4	_	
		-Orlandb FF	3	<u>X</u>	<u>sto</u> .		
	(b)						
	(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office a	addı	<u>ress</u> :		ur-4
							15 JUN 26 SECRETARS
		NEW Registered Office Address:					2
		605 kendall lake Dr Suite 204	(f) -				
							Fig. B.
		Brandon , FL	33510	0			7: 28 FLOR
the ag wa	e cha ent w is/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of to ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he reg bility o the li	gist con imit	ered office as npany, it is h sed liability o	nd the busing ereby confir company or a	by confirmed that after ess office of the registered med that the change(s)
		(ARANCEO),	Pa	atri	cia M. Gar	con	
	_	ure of a member or authorized representative of a member				• •	name of signee
pro the to no	ovisie e obli mere tified	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of his change.	erfori	mai	nce of my du	ties, and Lar	n familiar with and accept
Si	gnatur	e of Registered Age t					