## 115000206826

(Fi	Requestor's Name)	
(A	address)	
٩)	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(Document Number)		
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D. SCOTT JAN 6 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Cardinal I	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change an	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to th	e following:
Name of Person	<b>)</b>
Cardinal II LLC	
Firm/Company  321 Spruce Creek  Address	$\sqrt{n}$ .
Tallahasser, FL 32	<u>23</u> /2
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Diana. C wanton D hanco  E-mail address: (to be used for future annual report not	ck bank. com
For further information concerning this matter, please call:	
Diana 2. Cwaston at (85) Name of Person	
Registration Section R Division of Corporations D Clifton Building P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

## 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.

۱,	Na	me of the limited liability company:
2. (	a)	(b)
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)  (Note: MAY BE POST OFFICE BOX)
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:  13302 Unding Oaks Ct.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		Ste A Tampa 1FL ,FL 336/2
(1	b) .	Enter name of NEW Registered Agent and/or NEW Registered Office address:  321 Spuce Clark Dr.  NEW Registered Office Address:
		Tall ahasse ,FL 323/2
he c agen was/	har t xv we:	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after one or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) relatively the provided in the limited liability company or as otherwise provided in the less of organization or the operating agreement of the limited liability company.
		re-of a member or authorized representative of a member  Printed or typed name of signee  Printed or typed name of signee
he o he o notif	isio bli ere ieli	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the insof all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.  To Registered Agent
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