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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:			

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LLC REGISTERED AGENT CHANGE CND-CARDEL RR, LLC

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K. SALY

FEB 2 7 2025

H25000072887 3

COVER LETTER

	gistration Section vision of Corporations					
SUBJECTS	CND-Cardel RR, LLC					
	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.			
Please retur	n all correspondence concerning	g this matter to the	e following:			
Mary Castil	llo					
	Name of Person					
Registered A	Agent Solutions, Inc.					
	Firm/Company		•			
Corporate C	enter One, 5301 Southwest Pkwy,	Ste 400				
	Address					
Austin, TX	78735					
	City/State and Zip Coo	le				
E-mai	l address: (to be used for future	annual report noti	ification)			
For further	information concerning this mat	ter, please call:				
Mary Castil	ło	888 at (705-7274)			
	Name of Person	<u> </u>	Area Code & Daytime Telephone Number			
Reg Div P.C	gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	closed is a check for the follow	ing amount:				
C) \$	\$25 Filing Fee	-	\$55 Filing Fee & Certified Copy			
INHS18 (2/1	4)					

H25000072887 3

p.3

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	ame of the limited liability company:	CND-Cardel RR, I	TC					_
2. (a)	1111 NORTH POST OAK ROAD		(b)	IIII NOI	RTH POST OAK R	ROAD		
4. 1u/	Principal office address of limited lin (Note: MUST BE STREET A HOUSTON, TX 77055		. (0)		Mailing address of lin (Note: MAY BE I N. TX 77055	•		
								
	9/15/2023		L	.23000429	9749			
3.	Date of filing/registration in	ı Florida	4.		Document numb	ег		_
5 (a)	CORPORATION SERVICE COMPA	ANY						
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				_ e:			
	1201 HAYS STREET							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				127	2		
								71
	TALLAHASSEE	FL_	2301-25	525	<u>.</u>		58.56 50.6	F
(b)	Registered Agent Solutions, Inc.				_	741 - 	PH 2: 48	TC
	Enter name of <u>NEW Registered Agent</u> and	or NEW Registered O	ffice add	ress:		 	7: 1	
	2894 Remington Green Ln.				_	٠ <u>٠</u> ٠.،	ထ်	
	NEW Registered Office Address:				_			
	Ste. A				_			
	Tallahassee	, FL ³	2308					
change agent v was/we	imited liability company is not organ; or changes are made, the Florida strewill be identical. Or, in the case of a lere authorized by an affirmative vote cles of organization or the operating	eet address of the re Florida limited liabi of the members of t	gistered lity con the limit	l office an ipany, it is ed liabilit	d the business off s hereby confirme y company or as o	fice of the regi ed that the cha	stered nge(s)	
Isl	John Burchfield	-		•	., its Manager by Joh	hn Burchfield, Vic	ce Preside	ent
Signa	ture of a member or authorized representative	of a member			Printed or typed nar	me of signee		
provisi he obl o mere	by accept the appointment as register ons of all statutes relative to the prop igations of my position as registered ely reflect a change in the registered of I in writing of this change.	ed agent and agree ber and complete pe agent as provided f office address, I her	to act in erformar or in Ch reby con	n this cap ice of my i apter 605 firm that	acity. I further as duties, and I am f i, F.S. Or, if this i the limited liabili	gree to comply amiliar with a document is b ty company ha	with the nd accepting file is been	e pt d
	Mackenzie H	ibler Asst Secretar	rν					

Signature of Registered Agent