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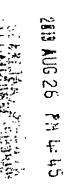
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COVER LETTER

TO: Amend

Amendment Section Division of Corporations

 $_{_{
m SUBJECT:}}$ The Cardwell Group, Inc.

Name of Corporation

DOCUMENT NUMBER: P11000053621

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert F Cardwell

Name of Contact Person

The Cardwell Group, Inc.

Firm/Company

PO Box 51480

Address

Lighthouse Point, FL 33074-1480

City/State and Zip Code

robert@cardwellgroup.net

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

For further information concerning this matter, please call:

Robert Cardwell

,305 (72)

Name of Contact Person

Area Code & Daytime Telephone Number

NO 20 MARCH TO THE PARTY OF THE

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

· ·	provisions of sections 607.0502, 617.050. ange is submitted for a corporation organi		
	er to change its registered office or registe		
1. The name of t	the corporation: The Cardwell Gro	up, Inc.	
	office address: 2931 NW 1st Ave o Beach, Florida 33064	nue	
	address (if different): PO Box 51480 puse Point, Florida 33074-148		
4. Date of incom	poration/qualification: 06/07/2011	Document number: P1100	00053621
5. The name and	d street address of the current registered agriment of State: (If resigned, enter resigned	gent and registered office on file w	
	Robert Cardwell		
	11333 SW 114TH LANE CIF	RCLE	
	MIAMI, FL 33176		20 E
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered of	20 NUG 26
	Robert Cardwell		
	2931 NW 1st Avenue		事をも
	Pompano Beach, Florida 330	·	T. 5
The street addre	ess of its registered office and the street a be identical.	ddress of the business office of it	s registered agent,
Such change was authorized by th	as authorized by posolution duly adopted ne board, or the sorporation has been not	by its board of directors or by an ified in writing of the change.	officer so
Signatui	re of an officer or director	Robert F Cardwell, Pres	
I jurther agree to performance of agent. Or, if thi	the appointment as registered agent and to comply with the provisions of all status my duties, and I am familiar with and act is decument is being filed merely to reflect the corporation has been notified in	tes relative to the proper and com cept the obligation of my position ct a change in the registered offic	plete as registered e address, l
	dix M	8.20.201	7
	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Ty	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *