

LD000096162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUL 01 2016  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2016

FLAVIA FOGIL  
1017 JEFFERSON AVENUE APT 301  
MIAMI BEACH, FL 33139

SUBJECT: GUILFORD GROUP FLORIDA LLC  
Ref. Number: L10000096162

We have received your document for GUILFORD GROUP FLORIDA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 516A00012211

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COVER LETTER

TO: Registration Section  
Division of Corporations

RECEIVED  
2016 JUL -1 PM 1:04

SUBJECT:

Guilford Group Florida LLC

Name of Limited Liability Company

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

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:

FLAVIA FOGLI

Name of Person

BLONDI LLC

Firm/Company

1017 JEFFERSON AVE APT 301

Address

33139 MIAMI BEACH - FL

City/State and Zip Code

BLONDI@GMAIL.COM

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 31 PM 1:24

For further information concerning this matter, please call:

FLAVIA FOGLI

Name of Person

at (786) 326 6777

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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. Name of the limited liability company: GUILTFORD GROUP FLORIDA LLC

2. (a) 1017 JEFFERSON AVE APT 301 (b) 1017 JEFFERSON AVE APT 301

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

33139 MIAMI BEACH - FL

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

33139 MIAMI BEACH - FL

3. 03/14/2010  
Date of filing/registration in Florida

4. L10000096162  
Document number

5. (a) ~~03/14/2010~~ ALLEGiant TITLE LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

100 N. BISCAYNE BLVD Suite 2106

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI

FL 33139

(b) FLAVIA FOGLI

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1017 JEFFERSON AVE APT 301

**NEW Registered Office Address:**

33139 MIAMI BEACH

FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

FLAVIA FOGLI  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 31 PM 1:24