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R. WHITE

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: GUARDIAN-IPCO, INC

Name of Corporation

DOCUMENT NUMBER:

850598

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:

Paula Baker

Name of Contact Person

Registered Agent Solutions

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

clientservices@rasi.com

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

For further information concerning this matter, please call:

Paula Baker

.,,888

05-7274

Name of Contact Person

Area Code & Daytime Telephone Number

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

statement of cha	provisions of sections 607:0502, 617:0502, 607:1508, ange is submitted for a corporation organized under th er to change its registered office or registered agent; of	ie laws of the State of ALABAMA
1. The name of	the corporation: GUARDIAN-IPCO, INC. I office:address: 44 VANN DRIVE, BIRMING	
3. The mailing a	address (if different) P.O. BOX 380128, BIRM	MINGHAM, AL 35238-0128
4. Date of incor	rporation/qualification: 10/02/1981 Docum	nent number: 850598
5. The name and	id street address of the current registered agent and registered agent and registerent of State: (If resigned, enter resigned) CORPORATION SERVICE COMPAN	
	1201 HAYS STREET	 ,
	TALLAHASSEE, FL 32301	
6. The name an (if changed):	nd street address of the new registered agent (if changed	d) and /or registered office
	155 Office Plaza Dr. Suite A	
	P.O. Brix: NOT acceptable Tallahassee, FL 32301	12 12 12 12 12 12 12 12 12 12 12 12 12 1
	ress of its registered office and the street address of the identical was authorized by resolution duly adopted by its board the board, or the corporation has been notified in writ	
		C. Harless, Secretary
I hereby accep I further agree performance o ageni. Or: if il hereby confirm	of the appointment as registered agent and agree to a to comply with the provisions of all statutes relative of my duties, and I am familiar with and accept the ob his document is being filed merely to reflect a change in that the corporation has been notified in writing of	· · · ·
allam &	Self	
If signing on b	pehalf of an entity.	.17066
Adam Salo	••	
	Typed or Printed Name	· • •
	* * * FILING FEE: \$35.00 *	, n n

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE.
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)