Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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

Email Address: documents@incorp.com

22 JUN | 3 AM 8:

REGISTERED AGENT CHANGE BABY GUARDIAN, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

TIZ-808-2509

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

(((H22000203618 3)))

TO: Amendment Section Division of Corporations

SUBJECT: Baby Guardian, Inc.
Name of Corporation

DOCUMENT NUMBER: F07000004804

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:

Yara Alfaro-Sullivan
Name of Contact Person
inCorp Services, Inc.
Firm/Company
3773 Howard Hughes Pkwy. Suite 500S
Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

Yara Alfaro-Sullivan on behalf of InCorp Services, Inc. at 702-866-2500

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

(((H22000203618 3)))

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

| 1. The name of the corporation: Baby Guardian, Inc. 2. The principal office address; 5300 W ATLANTIC AVE STE 700, DELRAY BCH, FL 334B4 3. The mailing address (if different): 4. Date of incorporation/qualification: 09/26/2007 Document number: F07000004804 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Pryor, Thad 5300 W ATLANTIC AVE STE 700 DELRAY BCH, FL 33484 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): InCorp Services, Inc. 17888 67th Court North P.O. Box NOT acceptable Loxahatchee, FL 33470 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Joseph Letzelter, Director Plumed or specialmen and take Joseph Letzelter, | statement of cha | ange is submitted for a cor | poration organize | 107,1508, or 617,1508, Flow I under the laws of the Stat I agent, or both, in the Stat | e of DE |
|--|---------------------------------|--|--|--|--------------------------|
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| Signature of Registered Agent Date If signing on behalf of an entity: Isabel Burgos on behalf of InCorp Services, Inc. | | | tered agent and a ions of all statutes accept the obligat a change in the re of this change. | = * | |
| If signing on behalf of an entity: Isabel Burgos on behalf of InCorp Services, Inc. | | Mayor D | | June 10, 2 | 2022 |
| Isabel Burgos on behalf of InCorp Services, Inc. | (3) | mature of Registered Agent | | Date | |
| | If signing on be | chalf of an entity: | | | |
| Typed or Printed Name | Isabel Burgos or | behalf of InCorp Services, | Inc. | | |
| | Т | yped or Printed Name | | | |

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)