

F10000001246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*RA charge*

SEP 17 2012

T. LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Guard Dog Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F10000001246

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:

Shawn Carey  
Name of Contact Person

Guard Dog, Inc.  
Firm/Company

2431 Aloma Ave. Suite 124  
Address

Winter Park, FL 32792  
City/State and Zip Code

shawn@guarddogincorporated.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Carey at ( 321 ) 527-8371  
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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Nevada in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Guard Dog, Inc.
2. The principal office address: 2431 Aloma Ave. Suite 124  
Winter Park, FL 32792
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/11/2010 Document number: F10000001246
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)

John Bonaccorso

1911 Fabien Circle

Melbourne, FL 32940

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Shawn Carey

2431 Aloma Ave. Suite 124

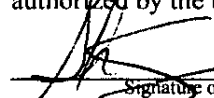
P.O. Box NOT acceptable

Winter Park, FL 32792

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STATE DEPARTMENT OF STATE

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.

  
\_\_\_\_\_  
Signature of an officer or director

Shawn Carey, President

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

August 31, 2012

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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