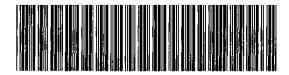
## F10000002909

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SECRETARY OF STATE OF OUR OF OUR OF CORPORATION

R.A. Chq. C.COULLIETTE

**EXAMINER** 

SEP 2 2 2011

## COVER LETTER,

SUBJECT: Guinness Management Limited, Inc.  Name of Corporation						
DOCUMENT NUM	IBER: F100	000002909				
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:						
Byron Ellison						
Name of Contact Person						
Guinness Management Limited, Inc. Firm/Company						
Time company						
1460 Northeast 57th Court						
Address						
Ft. Lauderdale, FL 33334						
City/State and Zip Code						
BGEllison36@yahoo.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	Byron Ellison	at ( 954 ) 6840679				
	of Contact Person	at ( 954 ) 6840679 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Amendment Section	Street Address: Amendment Section				
•						
	Division of Corporations P.O. Box 6327	Division of Corporations				
	Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

statement of cha	inge is submitted for a co	orporation organized	07.1508, or 617.1508, Flo l under the laws of the Sta l agent, or both, in the Sta	<sub>ate of Delaware</sub>	
1. The name of	the corporation: Guinr	ness Managen			
3. The mailing a	ddress (if different): Sa	me			
4. Date of incorp	poration/qualification:	06/25/2010	Document number:	F1000000	2909
	I street address of the cur tment of State: (If resign		t and registered office on t	file with the	
	2962 Northwest 62	2nd Street			
	Fort Lauderdale, F	L 33309			
6. The name and (if changed):	street address of the new		f changed) and /or register	ed office	SECRETAR NIVISION OF 11 SEP 2
	Fort Lauderdale, F	L 33334			_ Sad
		P.O. Box NOT acc	eptable		OF STARPORA
The street addre	ess of its registered office be identical.	e and the street add	ress of the business offic	e of its registered	l agent, F
Such change wa authorized by th	as authorized by resolutine board, or the corporate	ion duly adopted by tion has been notific	its board of directors or ed in writing of the chang	by an officer so ge.	
Signatur	e of an officer or director		Byron Ellison	n. Director	<del></del>
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as reg to comply with the provi of I am familiar with and ng filed merely to reflect been notified in writing	istered agent and a isions of all statutes d accept the obligat t a change in the re g of this change.	gree to act in this capacit relative to the proper an ion of my position as reg gistered office address, I	ty, id complete perfo istered agent. Oi hereby confirm t	rmance r, if this hat the
Sign	nature of Registered Agent	<del>-</del> -	Byron E	llison	
If signing on bel	half of an entity:				
Tv	ped or Printed Name				

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