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(Address)						
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(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE
ALL AHASSEE FLOSIO

D. BRUCE

JUN 29 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJECT: Guardian Angel Service Pros, LLC Name of Limited Liability Company								
Dear	Sir or Madam:							
The e	nclosed Registered Agent/Regis	tered Office	Change	e and f	ee(s) are submitt	ed for filing.		
Please	e return all correspondence conc	erning this m	natter to	the fo	ollowing:			
	Eduardo L. Cardo	ona		·				
	Name of Person							
	Guardian Angel Service Firm/Company	Pros, LLC				TAL SE	0.0	
						CRE LAH	9 JUN 26 PH 12: 50	
3537 (A) Forest Branch Drive						AS AS	2	1
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	D . O . El . O	2400)F STATI , FLORIE	$\overline{\sim}$	1
Port Orange, FL 32129							5	
	City/State and Zip Code					DA	Ο.	
Е	bettadayz2009@hotm -mail address: (to be used for future annua	nail.com I report notificati	on)					
For fu	orther information concerning th	is matter, ple	ase cal	1:				
	Anne Wanjohi	at (386)	788-9	546		
	Name of Person			Area Co	ode & Daytime Teleph	hone Number		
		ıa.	**	A ## WBY	a appresa			
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section								
Division of Corporations Registration Section Division of Corporations								
	Clifton Building			D. Box				
2661 Executive Center Circle Tallahassee, Florida 32314								
	Tallahassee, Florida 32301				· ,			
	Enclosed is a check for the fo	ollowing amo	ount:					
	\$25 Filing Fee		\$	55 Fili	ng Fee & Certific	ed Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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:	Guardian Angel Service Pros, LLC						
2. (a) Principal office address of limited liability co	mpany: 3537 (A) Forest Branch Drive						
(Note: MUST BE STREET ADDRESS)	Port Orange, FL 32129						
(b) Mailing address of limited liability company:	3537 (A) Forest Branch Drive						
(Note: MAY BE POST OFFICE BOX)	Port Orange, FL 32129						
02/12/2008	L08000015422						
3. Date of filing/registration in Florida	4. Document number						
5. (a) Registered Agent and Registered Office show	vn on the records of the Florida Dept. of State:						
Registered Agent:	Eduardo L. Cardona						
Registered Office Address:	2050 N. Forsyth Road State B						
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:							
NEW Registered Agent:							
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	මුදු ජ 3537 (A) Forest Branch Drive						
	Port Orange ,FL32129						
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 of a member or authorized representative of a member							
Eduardo L. Cardona 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						
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.						
Signature of Registered Agent							

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00