

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H130001601543)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE

Account Number : 072731001155

Phone Fax Number

: (813)253~2020 : (813)251-6711

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

Email	Address:		

LLC REGISTERED AGENT CHANGE SAFEGUARD FINANCIAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 18 2013

J. BRYAN

7/17/2013

B13000160154 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Fursiant to the provisions of sections out 416 or out. Itability company submits the following statement in ordagent, or both, in the State of Florida.	.508, Florida Statutes, the undersigned limited der to change its registered office or registered			
1. Name of the limited liability company: Saleguard Financial.	uc Fig. 1			
 (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS) 	NY: 405 S. Dale Mabry Highway Suite 205 Tampa, FL 33609			
(b) Malling address of limited liability company: (Note: MAY BE POST OFFICE BOX)	405 S. Dale Mabry Highway Sulle 206 Tampa, FL 33609			
5/28/2009	L09000051847			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown or Registered Agent:	n the records of the Florida Dept. of State:			
Registered Office Address:	601 Beyéhore Boulevard			
51-6-11010 C11100 L1001025.	Sulta 700			
	Tampe, Ft. 33808			
NEW Registered Agent: NEW Registered Office Address:	6en A. Barnett 405 S. Dale Mabry Highway			
(MUST BE FLORIDA STREET ADDRESS)	Suite 205 Yampa F1, 33809			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise operating agreement of the limited liability company. Signature of a member or adjustized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or			
Ben A. Barnell Printed or typed name of signee				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my rechapter 608, F.S. Or, if this document is being filed to a address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to oroper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.			
Significant of Rogistored Agent				
Division of Corporations, P.O. Box (6327, Tallahassee, FL 32314			

FILING FEE: \$25.00

INH\$18 (05/08)