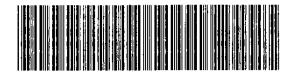
## L10000038794

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
<u> </u>					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
•					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600198930686

03/25/11--01008--008 \*\*25.00

MAR 28 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ	IECT:	T: Gardien LLC  Name of Limited Liability Company					
	name o	a Limite	d Liabilit	iy Company	/		
Dear :	Sir or Madam:						
The e	nclosed Registered Agent/Registered	d Office	Change a	and fee(s) a	re submitted for filing.		
Please	e return all correspondence concernit	ng this n	natter to t	he followin	g:		
	Art Grachoff			_			
	Name of Person						
					201 SE TAL		
	_ Gardien LLC				2011 MAR 25 SECRETARY ALLAHASSE		
	Firm/Company			_	HA R		
					25 SSE	ŗ	
	0000 NI Alles d'e Asse 1100	20			mog 🛌		
	2023 N Atlantic Ave, #26	<u> </u>		-	SI SI		
	Addiese				AR 25 KM D 40 ETARY OF STATE HASSEE. FLORIDA	**	
					)Ā		
	Cocoa Beach, FL 3293	1		_			
	City/State and Zip Code						
	bigpicture333@gmail.co -mail address: (to be used for future annual repor	m	am\	-			
IS:	-man address, (to be used for future annual repor	rt nouncau	юп)				
For fu	rther information concerning this ma	atter, ple	ease call:				
	Art Grachoff	at (_	630	.)	364-4390		
	Name of Person		A	rea Code & Da	ytime Telephone Number		
	STREET/COURIER ADDRESS:		MAE	LING ADD	RESS:		
	Registration Section			stration Secti			
	Division of Corporations		_	ion of Corpo			
	Clifton Building			Box 6327			
	2661 Executive Center Circle		Talla	hassee, Flori	da 32314		
	Tallahassee, Florida 32301						
	Enclosed is a check for the follow	ving am	ount:				
	\$25 Filing Fee		\$55	Filing Fee	& Certified 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.

Name of the limited liability company:	Gardien LLC				
2. (a) Principal office address of limited liability company	2: 171 N. Atlantic Ave, Ste 38				
(Note: MUST BE STREET ADDRESS)	Cocoa Beach, FL 32931				
(b) Mailing address of limited liability company:	2023 N. Atlantic Ave, #260				
(Note: MAY BE POST OFFICE BOX)	Cocoa Beach, FL 32931				
12 April 2010	L10000038794				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	Incorp Services Inc				
Registered Office Address:	17888 67th Court North Loxahatchee, FL 3347824 25				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent:</u> NEW Registered Office Address:	N Registered Office address:  Art Grachoff  171 N. Atlantic Ave, Ste 38				
(MUST BE FLORIDA STREET ADDRESS)	Ste 38				
	Cocoa Beach ,FL32931				
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					
Art Grachoff Printed or typed name of signee	-				
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company Signature of Registered Agent	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.				

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