L10000122714

(Requestor's Name)		
(Address)		
(A	ddress)	,
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
·		



200238783562

08/27/12--01030--014 **25.00

FILED 12 AUG 27 PM 1: 29 SECRETARY OF STATE ALLAHASSEF FI OBLAN

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations		
	uard US LLC	
Name of Limited	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Marie B Code, Esq		
Name of Person		
Marie B. Code Esq. P.L.		
Firm/Company		
1308 SW 27th Terrace		
Address		
Cape Coral FL 33914		
City/State and Zip Code		
marie@marieesquire.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, plea	ase call:	
Marie B Code, Esq at (_	239) 829-0063	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amo	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.

1. Name of the limited liability company:	Maxguard US LLC		
2. (a) Principal office address of limited liability	company: 8961 Conference Dr. Ste 2		
(Note: MUST BE STREET ADDRESS)	Fort Myers, FL 33919		
(b) Mailing address of limited liability compar	ny: 8961 Conference Dr. Ste 2		
(Note: MAY BE POST OFFICE BOX)	Fort Myers, FL 33919		
11/29/2010	L10000122714		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office sl	hown on the records of the Florida Dept. of State:		
Registered Agent:	Code, Marie B Esq		
Registered Office Address:	1202 SE 8th Place Ste		
(b) Enter name of <u>NEW Registered Agent</u> an <u>NEW</u> Registered Agent:	nd/or NEW Registered Office address 7		
NEW Registered Office Address: 1308 SW 27th Terrace (MUST BE FLORIDA STREET ADDRESS)			
	Cape Coral ,FL 33914		
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			
Marie B Code, Esq Printed or typed name of signce			
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being find address, I hereby confirm that the limited liability Signature of Registered Agent	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.		

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