

L11000037544

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

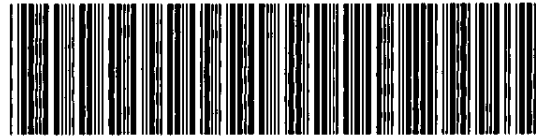
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600209767046

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11000037344  
Rivera, Maribel

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**From:** Guard Angel [guardangelinsurance@gmail.com]  
**Sent:** Wednesday, June 01, 2011 2:10 PM  
**To:** CorpAddressChange  
**Subject:** Fwd: Address Change Request

Please correct address on the email above the correct address should be 32 West Beach dr panama city fl 32401

----- Forwarded message -----

**From:** "Guard Angel" <guardangelinsurance@gmail.com>  
**Date:** Jun 1, 2011 12:43 PM  
**Subject:** Address Change Request  
**To:** <corpaddresschange@dos.state.fl.us>

Request for Address Change:

Company Name: Guard Angel Insurance Agency LLC  
EIN #45-1230987

New address: 28 West Beach Dr. Panama City FL 32401

Please add the corporation email address to your records:  
guardangelinsurance@gmail.com