

LI 0000 52379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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16 JUN 23 PM 12:13

JUN 24 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAFEGUARD A/C, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Jackson

Name of Person

SAFEGUARD A/C, LLC

Firm/Company

1825 S Division Ave

Address

Orlando, FL 32805

City/State and Zip Code

jjackson@safeguardac.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Joseph Jackson

407 913-8891
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SAFEGUARD A/C, LLC

The Articles of Organization for this Limited Liability Company were filed on 05/04/2011 and assigned Florida document number L11000052379.

Staying the same

Enter new principal offices address, if applicable:

Staying the same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Staying the same

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kellie Jackson

New Registered Office Address:

1825 S Division Ave

Enter Florida street address

Orlando

Florida 32805

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Kellie Jackson
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Brian J Valavicius	1825 S Division Ave	<input type="checkbox"/> Add
		Orlando, FL 32805	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joseph Jackson	1825 S Division Ave	<input checked="" type="checkbox"/> Add
		Orlando, FL 32805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA
JAN 13 1963

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 21st 2016

_____ 2016

Signature of a member or authorized representative of a member

Brian Valavicius

Typed or printed name of signee