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	egistration Section vivision of Corporations			
SUBJEC	T: Guarsofo Ca Socration	ted Liability Company		-
Dear Sir o	or Madam:			
The enclose	sed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.		
Please reti	urn all correspondence concerning this matter t	o the following:		
	Name of Person			
	Firm/Company			
_36	Address Address	ve	ALL AHATIM	2014 MAR I
_we	City/State and Zip Code		RYOF ST	19 PM 3:
	ail address: (to be used for future annual report	notification)	A FE RIDA	: 08
For furthe	er information concerning this matter, please cal	II:		
Deg	Name of Person at (9)	54 <u>635-840</u> Area Code & Daytime Telepho	ne Numl	 ber
Re Di CI 26	FREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
E	nclosed is a check for the following amount:			
Ø	\$25 Filing Fee	S55 Filing Fee & Certified Copy		

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

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