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COVER LETTER

TO: Registration Section

| Divi | ision of Corporations | | | | | | | | |
|---|---|----------------------|---|--|--|--|--|--|--|
| SUBJECT: | PATRIOT GUARANTEE SERVICES, LLC | | | | | | | | |
| Debuger. | Name of Limited Liability Company | | | | | | | | |
| Dear Sir or l | Madam: | | | | | | | | |
| The enclose | d Registered Agent/Registered Of | fice Change and f | ee(s) are submitted for filing. | | | | | | |
| Please return | n all correspondence concerning th | nis matter to the fo | ollowing: | | | | | | |
| SHELBY | L. BEST | | | | | | | | |
| | Name of Person | | _ | | | | | | |
| HALIFAX | LAW GROUP | | | | | | | | |
| | Firm/Company | | - | | | | | | |
| P.O. 1357 | · | | | | | | | | |
| | Address | | | | | | | | |
| DAYTON | A BEACH, FL 32120 | | | | | | | | |
| | City/State and Zip Code | | _ | | | | | | |
| SHELBYL | BEST@HOTMAIL.COM | | | | | | | | |
| E-mai | l address: (to be used for future an | nual report notific | cation) | | | | | | |
| For further | information concerning this matter | r, please call: | | | | | | | |
| SHELBY | L. BEST | 386 | 492-4880 | | | | | | |
| | Name of Person | u: \ | Area Code & Daytime Telephone Number | | | | | | |
| Reg Div Cli: 266 | REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 1 Executive Center Circle lahassee, Florida 32301 | Reg Div P.O | distration Section ision of Corporations Box 6327 lahassee, Florida 32314 | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | | | |
| 2 9 | \$25 Filing Fee | □ \$5 | 5 Filing Fee & Certified Copy | | | | | | |
| INHS18 (2/1 | 4) | | | | | | | | |

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.

| 1. Name of the limited liability company: PATRIOT GUARANTEE SERVICES, LLC | | | | | /ICES, LLC | | |
|--|---------------------------------|--|--------------------------------------|---------------------|--|--|--|
| 2. | (a) 828 N. DIXIE FREEWAY | | (b) 828 N. DIXIE FREEWAY | | | | |
| | () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ ` | , | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | | SUITE 1002 | | | SUITE 1 | | |
| | | NEW SMYRNA BEACH, FL 32168 | _ | | | 1YRNA BEACH, FL 32168 | |
| | | 8/8/2014 | | | 4.400040 | 14057 | |
| 2 | | | | - | _1400012 | | |
| 3.5. | (a) | Date of filing/registration in Florida DAROLD SCHONSHECK | 4. | | | Document number | |
| Ο. | (4) | Registered Agent and Registered Office shown on the records of the 98 SPINNAKER CIRCLE | ne Flori | da | Dept. of State | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS SUITE 1002 | | | | SECRETARY OF CORP. | |
| | | SOUTH DAYTONA ,FL | 32119 | 9 | | 20 | |
| | (b) | DAYTONA REGISTERED AGENTS, LLC | PH 2: 46 | | | | |
| | (-) | Enter name of NEW Registered Agent and/or NEW Registered (| Office a | dd | ress: | | |
| 444 SEABREEZE BLVD. | | | | | | | |
| NEW Registered Office Address: | | | | | | | |
| | | SUITE 910 | | | | | |
| | | DAYTONA BEACH ,FL | 32120 |) | | | |
| the age wa | cha ent v s/we | imited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | the reg bility of the li | gis coi mi | ered office npany, it is ted liability | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in | |
| dlawed februkely DAROLD SCHONSHECK/GOPATH CORP. | | | | | | | |
| Signature of a member or authorized representative of a member Printed or typed name of signee | | | | | | | |
| the to to | ovisi obli mere tifica | by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have been applied this change. The office address of this change. | e to a perfori for in ereby | ct na C co | in this capa nce of my a hapter 605, nfirm that t | acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been | |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00 | | | | | | | |