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(Re	questor's Name)						
(Address)							
(Address)							
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(Business Entity Name)							
(Document Number)							
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K. SALY EXAMINER AUG 12

COVER LETTER

P: Registration Section Division of Corporations							
Guardian Group Consulting & Services LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Patrick Sheridan							
Name of Person							
Guardian Group Consulting & Services LLC							
Firm/Company							
1170 Tree Swallow Drive, SUITE 118							
Address							
Winter Springs, Florida 32708							
City/State and Zip Code							
shrdintrpd@aol.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Patrick Sheridan 518 229-3251							
Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:							
□ \$25 Filing Fee \$55 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.

1.	Na	Name of the limited liability company: Guardian Group Consulting & Services, LLC						
2	(a)	1170 Tree Swallow Dr,		(b) 11	(b) 1170 Tree Swallow Dr,			
	(4)	Principal office address of limited lie (Note: MUST BE STREET A		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		SUITE 118		SU	JITE 118			
		Winter Springs FL, 32708		W	inter Springs FL, 3	2708		
		09/29/2015		L15	000165490			
3.		Date of filing/registration in	ı Florida	4.	Document nur	nber		
5	(a)	INCORP SERVICES, INC						
٥.	(a)	Registered Agent and Registered Office sho	wn on the records of th	ne Florida Dep	t. of State:			
		17888 67TH COURT NORTH	Ι,					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
						201		
		LOXAHATCHEE,	, FL	33470		FIL. 2016 AUG 11 SEURETAR TALLAHASS		
	(b)	PATRICK SHERIDAN				<u>~</u> - ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		.	T 3			
		PATRICK SHERIDAN				2: 28 STATE LORID		
		NEW Registered Office Address:						
		1170 TREE SWALLOW DRIV	/E, SUITE 118					
		WINTER SPRINGS	, FL	32708				
the ag wa the	e cha ent v is/we arti	imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a cre authorized by an affirmative vote cless of organization or the operating ture of a member or authorized representative by accept the appointment as register ones of all statutes relative to the profigations of my position as registered ely reflect a change in the registered	street address of the Florida limited lial of the members of agreement of the least of a member	the registere bility compared the limited liability PATRICE.	ed office and the busing any, it is hereby confirming, it is hereby confirming to the liability company or a lity company. CK SHERIDAN Printed or typed this capacity. I further	ess office of the registered med that the change(s) as otherwise provided in name of signee		
<i>no</i>	tifie	d in writing of this change		, and				