16000110059

(R	equestor's Name)	- - , , , , , , , , , , , , , , , , , ,
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	= +)
PICK-UP	MAIT	MAIL
(B	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





900337891339

11/11/19-31996-966 **25.60

PILED
2019 DEC 11 PM 4: 22
SECRETARY OF MALE

RAICHS

JAN 1 4 2020 I ALBRITTON

COVER LETTER

Division of Corporations	
UBJECT: Guardian Tower Name of Lim	Insurance, LCC
car Sir or Madam:	
he enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
lease return all correspondence concerning this matter t	to the following:
Vinus Y. Figueroa Name of Person	NEW
Guardian lower Insuran Firm/Company	<u>ce,</u> LC
8734 Lee Vista Blud #30 Address	<u> </u>
Orlando FL. 32829 City/State and Zip Code	
VARIFICO Yahoo . Coin E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please ca	
Vinus Figuerea at (3)	331_, 663_3207 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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

suant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability com**pa**ny nits the following statement in order to change its registered office or registered agent, or both, in the State of Flo**rid**a.

Nar	ne of the limited liability company: Gura dian Towar Lasurance, UC
a) <u>-</u>	S734 Lee Vista Blvd 30C (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Orlande, Fl. 325829
(a)	Date of filing/registration in Florida LSE O. Figure a Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: 8734 Lee V.Sta Blvd #300
	NEW Registered Office Address: Orlando FL 30839
inge int v s/w/	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.
igna	The Contract of a member of a
visi ngr	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the tons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed with reflect a change in the registered office address, I hereby confirm that the limited liability company has been finitely for this change.

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