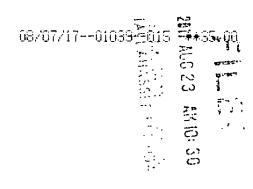
116000156743

(Requestor's Name)		
,	,	
——————————————————————————————————————	dress)	
()		
	dress)	
(//u	uiess)	
(0:	- IOL-1- (7)- IOL	- 10
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	g	
		İ

Office Use Only



300301595183



HARRIS

COVER LETTER

Division of Corporations			
SUBJECT: Guardian Fil	ms LLC		
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
Diane Bates Name of Person			
Guardian Films LLC Firm/Company			
14924 Fern Hammock Address	DR. N.		
Jacksonville, CL 3275 City/State and Zip Code	.8		
quardian films uc @ gmail con E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (_	704 , 333 9474 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:			
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)



August 11, 2017

DIANE BATES 14924 FERN HAMMOCK DR WEST JACKSONVILLE, FL 32258

SUBJECT: GUARDIAN FILMS L.L.C.

Ref. Number: L16000156743

We have received your document for GUARDIAN FILMS L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

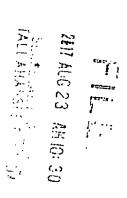
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00016441





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

Florida.	
1. Name of the limited liability company: Guadian Films U	, C
	Hummock Dr.W.
Principal office address of limited liability company: Mailing address	s of limited liability company: **BE POST OFFICE BOX**)
	e, PL 32258
Jackson PC 32250 Jackson 1118	JPC JACS 8
	
8/22/2016 1600015	6743
3. Date of filing/registration in Florida 4. Document i	number
5. (a) Cheyenne Noseley	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
United States Commution Hyents, Inc	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
13302 Winding Oak Conat	20 1
Tampa .FL 33612	NU AUG
(b) Diane Bates	(/)2/ N3 Feet
(b)	Sign ω (Fig. 1)
	A 11
14924 Fern Hammock Dr. W.	$\widetilde{\mathbb{S}}_{\mathbb{R}}^{\mathbb{R}} \overset{\Theta}{\omega}$
NEW Registered Office Address:	», O
Jacksonville 32258	
If the limited liability company is not organized under the laws of the State of Florida, it is he	creby confirmed that after
the change or changes are made, the Florida street address of the registered office and the bus agent will be identical. Or, in the case of a Florida limited liability company, it is hereby con	ifirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability company of the articles of organization or the operating agreement of the limited liability company.	or as otherwise provided in
Signature of a member or authorized representative of a member Printed or type	ē
Signature of a member or authorized representative of a member Printed or type	oed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further provisions of all statutes relative to the proper and complete performance of my duties, and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if to merely reflect a change in the registered office address. I hereby confirm that the limited I notified in whith the flux ename.	her agree to comply with the am familiar with and accept this document is being filed iability company has been

Signature of Registered Agent