47000179028

	(Requestor's Name)	
	(Address)	
	(, (dd, 633)	
<u>.</u> .	(Address)	-
	(O) (O) (O)	
	(City/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
		_
	(Business Entity Name	:)
	(Document Number)	
Certified Copies	_ Certificates	s of Status
<u>-</u>		
Special Instructions to	Filing Officer:	
ii.		

Office Use Only



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S. CHATHAM AUG 15 2023





FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

08/14/2023

NAME: DELGUARDIAN LLC

TYPE OF FILING: CHANGE OF RA

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

	COVER LETTER				
	istration Section sion of Corporations				
SUBJECT:	DELGUARDIAN LLC				
	Name o	f Limited Liability Company			
Dear Sir or M	∕fadam:				
The enclosed	l Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please return	all correspondence concerning this n	natter to the following:			
	Name of Person				
	Name of Person				
DELGUARDIA	AN LLC				
	Firm/Company				
3118 Gulf to E	Bay Blvd #301				
	Address	-			
Clearwater, Fl	L 33759				
	City/State and Zip Code				
delguardianlic	@gmail.com				
E-mail	address: (to be used for future annual	report notification)			
For further in	formation concerning this matter, ple	ase call:			
-		ut ()			
	Name of Person	Area Code & Daytime Telephone Number			
STR	EET/COURIER ADDRESS:	MAILING ADDRESS:			
Regis	stration Section	Registration Section			
	sion of Corporations	Division of Corporations			
	on Building	P.O. Box 6327			
	Executive Center Circle hassee, Florida 32301	Tallahassee, Florida 32314			
	osed is a check for the following am	ount:			
,	5 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

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. N	lame of the limited liability company:	DELGUARDIAN LL	_C			
2. (a)	3118 Gulf to Bay Blvd #301, Clearwater	, FL 33759	(b) 3	118 Gulf to Bay Blvd #3	o Bay Blvd #301, Clearwater, FL 33759	
	Principal office address of limited li (Note: MUST BE STREET)		_ ("/_	Mailing address	of limited liability company: BE POST OFFICE BOX)	
	08/22/2017		L1	7000179028		
3.	Date of filing/registration in	ı Florida	4.	Document m	ımber	
5. (a) DELGADO, CALEB, MR					
	Registered Agent and Registered Office sho	wn on the records of th	e Florida Dep	nt. of State:		
	911 S HILLCREST					
	Registered Office Address (MUST BE F	LORIDA STREET AI	DDRESS)		202	
					. 33 <u>A</u>	
	CLEARWATER	FL. ³	33756			
	Registered Agents Inc	,			2023 AUG 14 FH 2: 03	
(b)	Enter name of NEW Registered Agent and/	or NEW Registered C	Office address		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
					03	
	7901 4th St N		·			
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	, FL_	3702			
the cha agent was/w	limited liability company is not organiange or changes are made, the Florida will be identical. Or, in the case of a I ere authorized by an affirmative vote icles of organization or the operating	street address of the Florida limited liab of the members of	he registere pility compa the limited	d office and the busing, it is hereby confi- liability company or	ness office of the registered rmed that the change(s)	
SaVid	E1		Sabrina \	/alli		
	fure of a member or authorized representative	of a member		Printed or typed	name of signee	
provisi the obi to mer natib e	hy accept the appointment as register ions of all statutes relative to the propligations of my position as registered of the registered of the writing of this change. David Roberts	er and complete pe agent as provided j office address, I he	erformance for in Chap reby confu	his capacity. I furthe of my duties, and I a ster 605, F.S. Or, if th m that the limited lia.	r agree to comply with the m familiar with and accept his document is being filed bility company has been	
"" (J	David Roberts	 Assistant Sec 	retary			

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

Signature of Registered Agent