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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
ļ	PICK-UP WAIT MAIL
	(Business Entity Name)
	1:
	(Document Number)
Certified	Copies Certificates of Status
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Specia	al Instructions to Filing Officer:
<u> </u> 	Office Use Only
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COVER LETTER

TO: Registration Section Division of Corporations	
GLOBAL SITE GUARD LLC SUBJECT:	
	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
Gregory Wenzel	
Name of Person	
GLOBAL SITE GUARD LLC	•
Firm/Company	
5230 LAND O LAKES BLVD	
Address	
Suite 505	
City/State and Zip Code	
Land O Lakes, FL 34638	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	II:
Gregory Wenxel 727	992-8428
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
ramanassee, FL 32314	Tallahassee, FL 32303
)	/
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
INHS 18 (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.

Name of the limited liability of	company: GLOBAL SITE	E GUARD	LLC		
(a) 19611 Ellendale Drive	19611 Ellendate Drive		(b) 5230 Land O Lakes BLVD		
Principal office address	of limited liability company: STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
Land O Lakes, FL 34638			Land O La	kes, FL 34638	
September 21st, 2020	,		L200002968	337	
Date of filing/reg	istration in Florida	4.		Document number	
Registered Agent and Registered 7901 4TH ST N STE 300	1 Office shown on the records	of the Floric	la Dept. of Stat	- e:	
Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>'S)</u>	-	
ST PETERSBURG	,	FL_33702		F1L 2021 OCT 26 ************************************	
(b) GREGORY WENZEL				P 1007 2	
Enter name of <u>NEW Registered</u>	Agent and/or NEW Register	ed Office a	ddress:	6.00	
19611 ELLENDALE DRIV	E		<u> </u>	# FD 9:	
NEW Registered Office Addres	881			56	
LAND O LAKES	1	34638			
ange or changes are made, the rent will be identical. Or, in the	case of a Florida limited ative vote of the members	ne register liability co s of the lin ne limited	ed office and ompany, it is nited liability	• •	
ignature of a weighter or authorized re	presentative of a member	— GR	EGOK1 WE	Printed or typed name of signee	
ovisions of all statutes relative t e obligations of my position as r	o the proper and complet egistered agent as provia	e perform led for in (ance of my a Chapter 605,	icity. I further agree to comply with the luties, and I am familiar with and accept. F.S. Or, if this document is being filed the limited liability company has been	
l' () () Divisio	n of Corporations● P.O	. Box 632	7● Tallahas	see, FL 32314	

FILING FEE: \$25.00

INHS18 (2/14)