

LA1000043753

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(Address)

(City/State/Zip/Phone #)

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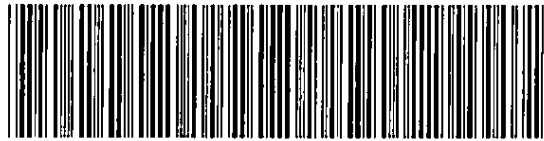
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COVER LETTER

TO: Registration Section
Division of Corporations
Guardian Garage TPA, LLC

SUBJECT: _____
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:

Kim Flynn

Name of Person

Berenson LLP

Firm/Company

4495 Military Trail, Suite 203

Address

Jupiter, FL 33458

City/State and Zip Code

jon@guardiangularage.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Flynn

Name of Person

at (561) 429-4496

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:

☒ \$25 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.

Guardian Garage TPA, LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

3928 Anchuca Drive, Suite 12

Lakeland, FL 33811

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

15 Commerce Court

Rome, GA 30161

01/22/2021

L21000043753

3. Date of filing/registration in Florida 4. Document number

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

476 RIVERSIDE AVE.

JACKSONVILLE

32203

, FL

Registered Agent Solutions, Inc.

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Registered Agent Solutions, Inc.

NEW Registered Office Address:

2894 Remington Green Lane, Ste A

Tallahassee

32308

, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kim Flynn, Berenson LLP

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Ryan DeAnda, Asst. Sec.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00