L23000 110911

	. - : .						
(Requestor's Name)							
(A	ddress)						
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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(B	dusiness Entity Name)						
(Document Number)							
Certified Copies	Certificates of S	Status					
Special Instructions to Filing Officer:							
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ECRETARY OF STATE

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TARY OF COME ALLAHASSEE, FLORE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

...

ACCOUNT NO. : I2000000195

REFERENCE: 700991 8365538

AUTHORIZATION : TOTAL OF THE PROPERTY OF THE P

COST LIMIT : \$/,25_00

ORDER DATE : April 25, 2023

ORDER TIME : 8:15 AM

ORDER NO. : 700991-005

CUSTOMER NO: 8365538

CHANGE OF AGENT

NAME: GUARDIA GLOBAL LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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.

i. N	ame of the limited liability company: GUARDIA GLOI	BAL LL	C		·	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	,	Mailing address of lim	nited liability company	y:
	848 BRICKELL AVE SUITE 203 MIAMI, FL 33131	_				
	04/05/2023		L23000	170971		
3.	Date of filing/registration in Florida	4.		Document number	er	
5. (a)	Registered Agent and Registered Office shown on the records of to OLE SERVICES LLC Registered Office Address (MUST BE FLORIDA STREET A 1000 BRICKELL AVE - SUITE 620			State:		
	MIAMI , FL	33131	_ _ _	<u>. </u>	2023 MAY SECRETA FALLAHAO	
(b)	Enter name of NEW Registered Agent and/or NEW Registered BP Tax Advisory LLC	Office a	ddress:		123 MAY 16 AM 10: 5 SEORETARY OF STATE LLAHASSECTET FOR	
	NEW Registered Office Address:				## 5	
	848 BRICKELL AVE SUITE 203		_		_	{
	MIAMI , FL	33131				
change agent was/w the ary	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab the authorized by an affirmative vote of the members of cles of organization of the operating agreement of the laws.	register bility co f the lin imited	ed office a ompany, it nited liabil liability co	and the business office t is hereby confirmed lity company or as of	ce of the registered that the change(stherwise provided)	d O
	Signature of a member or authorized representative of a member		Printed or typed name	e of signee		
l here provisi the obi	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had it in writing of this change.	e to act perform for in C preby co	in this ca ance of m Chapter 60 onfirm tha	••	•	the cept îled n
Signatu	re of Registered Agent					

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