M0800003540

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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| | | | |

Office Use Only



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B. KOHR JUN - 2 2010

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Guaranteed Posit, L Name of Limited | Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office C | Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this ma | atter to the following: |
| Nathaneal Mohr | atter to the following: |
| Guaranteed Profit, LLC Firm/Company | |
| 37 N. Orange Ave Sus | te 500 |
| Oclando, FL 32861 City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification | n∕ 1 |
| For further information concerning this matter, plea | se call: |
| Gina Rollman at (3 | 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 amo | unt: |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| 1. | Firsuant to the provisions of sections 608.416 or 608 liability company submits the following statement in or agent, or both, in the State of Florida. | 8.508, Florida Statutes, the undersigned limited rder to change its registered office or registered |
|---|---|--|
| | 1. Name of the limited liability company:Guar | anteed Profit, LLC |
| 2. (a) Principal office address of limited liability company: | | any: |
| | (Note: MUST BE STREET ADDRESS) | 37 N. Orange Ave Suitest Orlands, Fl 32801 |
| | (b) Mailing address of limited liability company: | |
| | (Note: MAY BE POST OFFICE BOX) | 37 N. Orange Are Suik 50 |
| | 3. Date of filing/registration in Florida | |
| | 5. (a) Registered Agent and Registered Office shown of | on the records of the Florida Dept. of Side: |
| | Registered Agent: | Gina Rollman |
| | Registered Office Address: | 244 Tequesta Harbor Dr Morat Toland, Pa 12952 |
| | (b) Enter name of NEW Registered Agent and/or N | EW Registered Office address: |
| | NEW Registered Agent: | Nathaneal Mohr |
| | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 37. N. Orange Are Suite 500 Octondo FL 32801 |
| | If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as ot or the operating agreement of the limited liability company. | e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization |
| | | |
| | Signature of a member or authorized representative of a member | |
| | Signature of a member or authorized representative of a member Gina Rollman Printed or typed name of signee | |

Signature of Registered Agent