M13000000403

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
(,	- ·· ,		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(00	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



700253968407

12/23/13--01027--008 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. Bursh JAN 0 & 2005

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CNIguard LLC Name of L	imited Liability Company
	, company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Mario L Castellanos	
Name of Person	·
CNIguard LLC	
Firm/Company	
PO Box 952222	
Address	
Lake Mary, FL 32795	
City/State and Zip Code	
mario.castellanos@cniguard.com	
E-mail address: (to be used for future annual report no	ntification)
For further information concerning this matte	er, please call:
Mario L Castellanos	407 878-1365 at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	Tanadasse, Frenda e de Frenda
Enclosed is a check for the following	g 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 608.416 or 608.508, 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. Na	ame of the limited liability company: CNIguard, LLC			
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 2730 Retreat View Circle Sanford, FL 32771		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO Box 952222 Lake Mary, FL 32795		
01/18/	72013	M13000000403		3 금 ~ 기
	ate of filing/registration in Florida	4. Document number	ASS.	N 121 42221
5. (a) Registered Agent and Registered Office shown on	the records of the Florida	<u>~</u>	
	Registered Agent:	C T Corporation System	- E & -	α (**** <u>*</u>
	Registered Office Address:	-	RESE	
	_	1200 South Pine Island Roa Plantation, FL 33324	d L	
	NEW Registered Agent:	Mario L Castellanos		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	CNIguard LLC 2730 Retreat View Circle		
		Sanford	,FL	32771
confinant the manual the option	limited liability company is not organized under the rmed that after the change or changes are made, the Fne business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise reating agreement of the limited liability company. Mario L Castellanos The confirmed that the change (s) embers of the limited liability company. Mario L Castellanos The confirmed that after the change or changes are made, the Fne that the change (s) embers of the limited liability company. Mario L Castellanos The confirmed that after the change or changes are made, the Fne that the change (s) embers of the limited liability company or as otherwise the change (s) embers of the limited liability company.	lorida street address of the tical. Or, in the case of a was/were authorized by	e registere Florida lin an affirma	ed office nited ntive vote of
	L Castellanos I or typed name of signee			
I her	eby accept the appointment as registered agent and a	igree to act in this capaci	ty. I furth	er aoree to
and I Chap addre By:	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pr am familiar with and accept the obligations of my po ter 608, F.S. Or, if this document is being filed to me ess, I hereby confirm that the limited liability compan CT Corporation System	oper and complete perfor osition as registered agen crely reflect a change in th y has been notified in wri	mance of t as provid he register ting of thi	my duties, led for in red office s change.

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

INHS18 (05/08)