## N0400001978

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

AMERICAN GUARANTY FUND GROUP, INC. N0400001978

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy J. Meenan

Name of Contact Person

Meenan P.A.

Firm/Company

325 West College Avenue, 2nd floor

Tallahassee, FL 32301

City/State and Zip Code

tim@meenanlawfirm.com

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

For further information concerning this matter, please call:

Miriam Victorian

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
1. The name of the corporation: AMERICAN GUARANTY FUND GROUP, INC.
2. The principal office address: 1400 OVEN PARK DRIVE TALLAMASSEE, FL 32308
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 02/25/2004 Document number: N04000001978
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Timothy J. Meenan
310 West College Avenue
Tallahassee, FL 32301
310 West College Avenue  Tallahassee, FL 32301  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Timothy J. Meenan  Meenan PA, 325 W. College Avenue, 2nd floor
Timothy J. Meenan
Meenan PA, 325 W. College Avenue, 2nd floor
Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Santie of another or director SANDRA J. ROBINSON Signature of another or director Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the aproporation has been notified in writing of this change.
Signsphre & Registered Agent Novembr 12/2014
If signing on behalf of an entity:
Typed ur Printed Name
* * * F1LING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314
CR2E045 (03/12)