P040000 59962

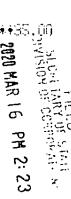
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
·		

Office Use Only



400342100194

08/16/20--01042--002



CXY 3/23/20

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Gard Entertainment Inc.	
Name of Corporation	
DOCUMENT NUMBER: P04000059962	
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Marc Bell	
Name of Contact Person	
Firm/Company	
6800 Broken Sound Parkway NW, Suite 200	
Address	
Boca Raton, FL 33487	
City/State and Zip Code	
mbell@marcbell.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
Marc Bell	at (561)988-1701
Name of Contact Person	at (561) 988-1701 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cl	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, th hange is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida.	iis
·	f the corporation: Gard Entertainment Inc.	
2. The principa	al office address: 6800 Broken Sound Parkway NW, Suite 200, Boca Raton, FL 33487	
3. The mailing	g address (if different):	
4. Date of inco	prporation/qualification: 4/7/04 Document number: P04000059962	
	nd street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	2
	Jo-Jean Figueira, Esq.	2020 MAR
	6800 Broken Sound Parkway NW, Suite 200	AR
	Boca Raton, FL 33487	9
6. The name a (if changed)	nd street address of the new registered agent (if changed) and /or registered office):	PM 2: 2:
	Marc Bell	ω
	6800 Broken Sound Parkway NW, Suite 200	
	P.O. Box NOT acceptable Boca Raton, FL 33487	
The street add as changed wi	dress of its registered office and the street address of the business office of its registered ill be identical.	ed agent,
Such change vauthorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
•	Marc Bell - Director	
•	pt the appointment as registered agent and agree to act in this capacity.	formance
of my duties, a document is b corporation h	pt the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligation of my position as registered agent. (Thereigh is received to reflect a change in the registered office address, I hereby confirm was been notified in writing of this change.	Or, if this i that the
	Signature of Registered Agent 3/6/20 Date	
If signing on l	behalf of an entity:	
	Typed or Printed Name * * * FILING FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)