## P05000086693

(Requestor's Name)					
<del></del>	(Address)				
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, <del>,,</del>	(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
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	(Business Entity Name)				
	(Business Emily Hume)				
(Document Number)					
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## . COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: KRILEY GUARDIANS, INC. (Name of Corporati	ion)			
DOCUMENT NUMBER: P05000086693				
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:				
CHRISTINE J. KRILEY (Name of Contact Person)				
(Name of Contact Pe	rson)			
KRILEY GUARDIANS, INC.				
(Firm/Company)				
6288 AIRMONT DRIVE				
(Address)				
SPRING HILL, FL 34606	Code			
(City/State and Zip Code)				
For further information concerning this matter, please call:				
CHRISTINE J. KRILEY at (	352 ) 686-7518 Area Code & Daytime Telephone Number)			
(Name of Contact Person) (	Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of	f State.			
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
i ununussee, i 12 220 i i	Tallahassee, FL 32301			

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

statement of char		17.0502, 607.1508, or 617.1508, F organized under the laws of the Si registered agent, or both, in the St	tate of FLORIDA
1. The name of the	he corporation: KRILEY GUAR	DIANS, INC.	
2. The principal of	office address: 6288 AIRMON	T DRIVE	
	SPRING HILL	, FL 34606	
3. The mailing ac	ddress (if different): 6288 AIR	MONT DRIVE	
	SPRING H	ILL, FL 34606	
4. Date of incorp	oration/qualification: 06/16/05	Document number: P	05000086693
5. The name and Florida Depart		ered agent and registered office on	file with the
	GEORGE N. KLIMIS		
	27 EAST ORANGE STREE	Г	
	TARPON SPRINGS, FL 3	4689	75 07 -
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registe	ered office SEX
	CHRISTINE J. KRILEY		
	6288 AIRMONT DRIVE		ONICATION OF TAXES
·	(P.O Box NOT acc		——————————————————————————————————————
	SPRING HILL, FL 34600	5	
_		street address of the business offi	
Such change was authorized by the	s authorized by resolution duly as board, or the corporation has be	dopted by its board of directors o een notified in writing of the char	r by an officer so nge.
X Christine (Signatur	of Auly	CHRISTINE J. KRI	
I hereby accept t I further agree to of my duties, and document is bein corporation has	he appointment as registered ag o comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a chang been notified in writing of this cl	ent and agree to act in this capac ll statutes relative to the proper a ne obligation of my position as re e in the registered office address, nange.	ity. Ind complete performance gistered agent. Or, if this I hereby confirm that the
X Chusten (Sign	e g. Kuliy nature of Registered Agon)	WOV. 19 (Date)	- 07
If signing on beh		, ,	
_	E J. KRILEY		
	ped or Printed Name)		

\* \* \* FILING FEE: \$35.00 \* \* \*