

PD90000071977

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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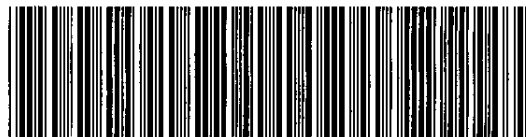
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Art Correction  
@ 9/10/09

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: GUARDIAN ASSURANCE SERVICES INC  
Name of Corporation

DOCUMENT NUMBER: P09000071977

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\* David St. Hilaire  
Name of Contact Person

\* Guardian Assurance Services Inc.  
Firm/Company

\* 2840 West Bay Drive, Suite 184  
Address

\* Belleair Bluffs, FL 33770  
City/State and Zip Code

\* Dhilaire2@verizon.net  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Teri St. Hilaire at (727) 581-2430  
Name of Contact Person                      Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**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

# ARTICLES OF CORRECTION

for

GUARDIAN ASSURANCE SERVICES INC

Name of Corporation as currently filed with the Florida Dept. of State

P09000071977

Document Number (if known)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct FL PROFIT CORPORATION  
(Document Type Being Corrected)

filed with the Department of State on 8/26/09  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

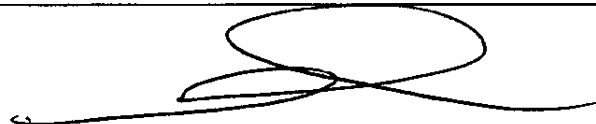
\* Principal address should be: 2840 West Bay Dr. Suite 184  
Belleair Bluffs, FL 33770

Mailing address: same as principal

Registered Agent address: same as principal  
Officer addresses Both: same as principal

Correct the inaccuracy, incorrect statement, or defect:

\* All addresses should be 2840 West Bay Dr, Suite 184  
(Principal, Mailing, Agent, Officers Both) Belleair Bluffs, FL 33770



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

David W. St. Helaine

(Typed or printed name of person signing)

VPT

(Title of person signing)

Filing Fee: \$35.00