P090000821W

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

Office Use Only

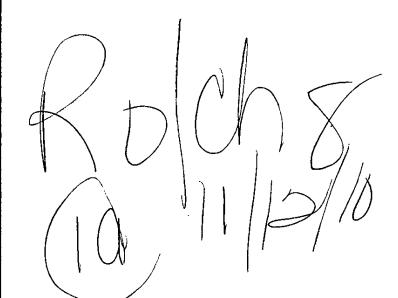


100187226441

11/03/10--01004--006 **35.00

10 NOV 12 PM 1: 20

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	UBJECT: Guardian Consultants, Inc.				
	Name of	Corporation			
DOCUMENT NUMBE	ER:P09	9000082166			
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:					
Cynthia Garcia					
	Name of C	ontact Person			
	Guardian Co	ancultante Inc			
	Guardian CC	onsultants, Inc.			
	1 1111/0	company			
	1692 SW 154th Court				
Address					
-					
	Miamì, Flo	orida 33185			
	Miami, Florida 33185 City/State and Zip Code				
Cindy@GuardianConsultantsInc.com					
E-mail address: (to be used for future annual report notification)					
		•			
For further information	concerning this matter, please	call:			
Cyn	thia Garcia	at (305)	525-8000		
Name of	thia Garcia Contact Person	Area Code & Dayti	ime Telephone Number		
Enclosed is a \$35.00 che	eck made payable to the Depar	rtment of State.			
	Mailing Address: Amendment Section	Street Address: Amendment So			

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2010

CYNTHIA GARCIA GUARDIAN CONSULTANTS, INC. 1692 SW 154TH COURT MIAMI, FL 33185

SUBJECT: GUARDIAN CONSULTANTS, INC.

Ref. Number: P09000082166

We have received your document for GUARDIAN CONSULTANTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 810A00025964

See CorrectED. Address.



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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or registe	nized under the laws of the State	e of Florida		
1. The name of	the corporation: Guardian Consul	tants, Inc.			
2. The principal office address: 1692 SW 154th Court Miami, Florida 33185					
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 10/02/09	Document number:	P09000082166		
	d street address of the current registered a rument of State: (If resigned, enter resigne		e with the		
	Cynthia M. Garcia				
	24235W147 AVC	#119			
	Miami, Florida 33185				
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered	d office		
	Cynthia M. Garcia		12 		
	1692 SW 154th Court	T acceptable	NOV 12 PH 1: 20		
	Miami, Florida 33185	1 ассериале	F: 20		
The street address changed will	ess of its registered office and the street be identical.	address of the business office			
Such change wa authorized by th	as authorized by resolution duly adopted ne-board, or the corporation has been no	d by its board of directors or b stified in writing of the change	y an officer so		
Signatur	te of an officer or director	Cynthia M.	Garcia , President		
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been sotified in writing of this change.	d agree to act in this capacity utes relative to the proper and igation of my position as regis e registered office address, I h			
(0		11-01-1	0		
	nature of Registered Agent	Date			
II signing on be ✓	chalf of an entity:				
<u>Lyn</u>	yped or Printed Name				

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