Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone

: (702)866-2500

Fax Number

: (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE AMERICAN GUARD SERVICES MARITIME, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

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T. CARTER

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T. CANY -R

COVER LETTER

| TO: Amendme Division o | nt Section f Corporations | • | | | | |
|---|---|--|--|--|--|--|
| SUBJECT: | American Guard Services Name of Corpo | Maritime, Inc. | | | | |
| DOCUMENT NUMBER: P12000010326 | | | | | | |
| 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: | | | | | | |
| | | • | | | | |
| Josle Sorensen | | | | | | |
| Name of Contact Person | | | | | | |
| InCorp Services, Inc. | | | | | | |
| Firm/Company | | | | | | |
| _ | 2360 Corporate Circ | | | | | |
| | Address | | | | | |
| | Henderson, NV 8 | | | | | |
| City/State and Zip Code | | | | | | |
| | documents@inc | orp.com | | | | |
| _ | E-mail address: (to be used for future | re annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Josie Sorensen Na | on behalf of Incorp Services, Inc.s me of Contact Person | at (702) 866-2500 Area Code & Daytime Telephone Number | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | | |
| | Malling Address: Amendment Section Division of Corporations | Street Address: Amendment Section Division of Corporations | | | | |
| | P.O. Box 6327 | Clifton Building 2661 Executive Center Circle | | | | |
| | Tallahassee, FL 32314 | 2001 Executive Center Circle | | | | |

CR2E045 (03/12)

414000236916 3

Tallahassee, FL 32301

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

| statement of cha | unge is submitted for a corporation organ | 12, 607.1508, or 617.1508, Florida Statutes sized under the laws of the State of Florids ered agent, or both, in the State of Florida. | 1 | |
|--|---|---|---------------------------------------|--------------|
| 1. The name of | the corporation: American Guard Ser | rvices Maritime, Inc. | | |
| 2. The principal | office address: | | <u></u> | |
| _ | address (if different): | TAMPA, FL 33607 | · · · · · · · · · · · · · · · · · · · | |
| 4. Date of incor | poration/qualification: 01/30/2012 | Document number: P120000103 | 26 | |
| 5. The name and | | agent and registered office on file with the ed) | | |
| | C T CORPORATION SYSTEM | | | 1 |
| | 1200 South Pine Island Road | | 140 | SEC |
| | Plantation, FL 33324 | | 130 % | RETA AHA |
| 6. The name and street address of the new registered agent (if changed) and /or registered of (if changed): InCorp Services, Inc. | | nt (if changed) and /or registered office | -9 PH 12: 33 | RY OF STATES |
| | 17888 67th Court North | | ಏ | P C |
| | P.O. Box NOT Loxahatchee, FL 33470 | acceptable | | |
| | | address of the business office of its regist | | |
| Such change we authorized by the | as authorized by resolution duly adopted be board, or the corporation has been no | l by its board of directors or by an officer tified in writing of the change. | SO | |
| Signal. | up of au officer or director | Sherif Assal | | |
| i furthes norget | the appointment as registered agent an to comply with the provisions of all statt my duties, and I am familiar with and a iffocument is being filed merely to refl hal the corporation has been notified in | d agree to act in this capacity. utes relative to the proper and complete accept the obligation of my position as reg ect a change in the registered office addre n writing of this change. | ristered ess, I | |
| 1000 | Monter | September 30, 2014 | | |
| 1 1. | half of an entity: | Date | | - |
| Josie A Sore | ensen on behalf of Incorp Servic | es. inc. | | |

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 (03/12)