

P99000056384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: Guardian Pool and Spa inc.
Name of Corporation

DOCUMENT NUMBER: P99000056384.

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:

Eva M. Longobardi
Name of Contact Person

Guardian Pool and Spa inc.
Firm/Company

PO Box 530156
Address

Lake Park, FL 33403
City/State and Zip Code

guardian.pool@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eva M. Longobardi at (561) 626 8089
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Guardian Pool and Spa, inc.
2. The principal office address: 951 W. 15th Street
Riviera Beach, FL 33404.
3. The mailing address (if different): Guardian Pool and Spa, inc.
PO BOX 530156 LAKE PARK, FL 33403
4. Date of incorporation/qualification: July 99 Document number: P9900051384
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Oliver James Longobardi
815 14th Street Lake Park FL 33403
Resigned.

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Eva M. Longobardi
951 W. 15th Street
P.O. Box NOT acceptable
Riviera Beach, FL 33404.

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Eva M. Longobardi
Signature of an officer or director

Eva M. Longobardi
Printed or typed name and title
President

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Eva M. Longobardi
Signature of Registered Agent

June 30th 2016
Date

If signing on behalf of an entity:

Eva M. Longobardi
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