

L09000063086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

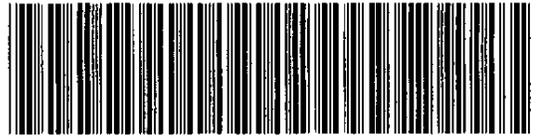
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

JAN 19 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shootist Arms Company, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas H. Cox
Name of Person

Shootist Arms Company, LLC
Firm/Company

12385 SW 129 ct suite 10
Address

Miami FL 33186
City/State and Zip Code

Dusty Cox @ shootistarmscompany.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CIRCE COX at (305) 971-0909
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Shootist Arms Company LLC

2. (a) Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

12385 SW 129 Ct Suite 10
Miami FL 33186

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

12385 SW 129 Ct. Suite 10
Miami FL 33186
LD90000 630 86

June 30, 2009
3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Douglas H. Cox

Registered Office Address:

22446 SW 94 PL
Cutler Bay FL
33190

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Same

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

12385 SW 129 Ct. Suite 10
Miami, FL 33186

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Douglas H. Cox
Signature of a member or authorized representative of a member

Douglas H. Cox
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Douglas H. Cox
Signature of Registered Agent

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10 JAN 15 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FL

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00