			Certificate of Status Desi	eu. No
Name and Address of Current Registered Agent:				
EAKIN MOODY, HOLLY 2900 E. OAKLAND PARK BLVD FT. LAUDERDALE, FL 33306 US				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE	: HOLLY EAKIN MOODY			02/07/2018
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	SECRETARY	Title	DIRECTOR	
Name	MACKINNON, KAREN DR.	Name	BINGEL, JAMES	
Address	2 HICKORY AVE.	Address	2866 NE 30TH ST # 14	
City-State-Zip:	STONEY CREEK ONTARIO, CANADA L8J2L3 CA	City-State-Zip:	FORT LAUDERDALE FL 33306	i
Title	DIRECTOR	Title	PRESIDENT	
Name	MATVICHUK, DARRYL DR.	Name	MURPHY, STEPHEN	
Address	2866 NE 30 ST #10	Address	2866 NE 30 ST #6	
City-State-Zip:	FT. LAUDERDALE FL 33306	City-State-Zip:	FT. LAUDERDALE FL 33306	
Title	TREASURER			
Name	D'ITALIA, LINDA			
Address	2866 NE 30 STREET # 21			
City-State-Zip:	FORT LAUDERDALE FL 33306			

2866 NE 30 ST FT. LAUDERDALE, FL 33306

Entity Name: LAFAYETTE ARMS INC

**Current Principal Place of Business:** 

## FEI Number: 59-0999437

DOCUMENT# 702516

FT. LAUDERDALE, FL 33306

**Current Mailing Address:** 

2866 NE 30 ST

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

## SIGNATURE: STEPHEN MURPHY

PRESIDENT

02/07/2018 Date

Electronic Signature of Signing Officer/Director Detail

## FILED Feb 07, 2018 **Secretary of State** CC8232736672

Certificate of Status Desired: No