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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK KUNZ

Electronic Signature of Signing Authorized Person(s) Detail

() **D** ()

Authorized Person(s) Detail :			
Title	AMBR		

Electronic Signature of Registered Agent

Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	KUNZ, MARK	Name	WADE, WILLIAM	
Address	993 SHALIMAR POINTE DRIVE	Address	2933 LARRANAGA DRIVE	
City-State-Zip:	SHALIMAR FL 32579	City-State-Zip:	THE VILLAGES FL 32162	

Name and Address of Current Registered Agent:

KUNZ, MARK 993 SHALIMAR POINTE DRIVE SHALIMAR, FL 32579 US

SIGNATURE:

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.

993 SHALIMAR POINTE DRIVE

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L16000103490

Entity Name: ARMAMENT PROCUREMENT SERVICES, LLC

Current Principal Place of Business:

SHALIMAR. FL 32579

Current Mailing Address:

993 SHALIMAR POINTE DRIVE SHALIMAR, FL 32579 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

CHAIRMAN

FILED Apr 20, 2017 Secretary of State

Date

CC1089704417

Date

04/20/2017