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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

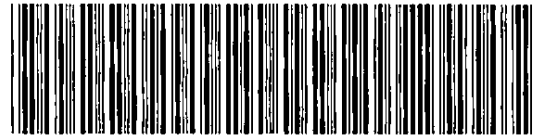
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2017

KATHIE FERRARY  
LIVINGSTON LOEFFLER, P.A.  
963 TRAIL TERRACE DRIVE  
NAPLES, FL 34103

SUBJECT: SURVIVAL ARMOR, INC.  
Ref. Number: F06000002102

We have received your document for SURVIVAL ARMOR, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring  
Regulatory Specialist III

Letter Number: 717A00009923

17 JUL -5 PM 5:14

*Attached*  
*Thank You!*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Survival Armor, Inc.  
Name of Corporation

DOCUMENT NUMBER: F06000002102

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:

Kathie Ferrary

Name of Contact Person

Livingston Loeffler, P.A.

Firm/Company

963 Trail Terrace Drive

Address

Naples, FL 34103

City/State and Zip Code

ip@lliiplaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathie Ferrary

Name of Contact Person

at ( 239 ) 262-8502

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

\* There are two amendments here.  
The check is actually for \$70.00

**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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Survival Armor, Inc.
2. The principal office address: 12621 Corporate Lakes Drive, Unit 8, Ft. Myers, FL 33913
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: Jan. 21, 1999 Document number: F06000002102

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)

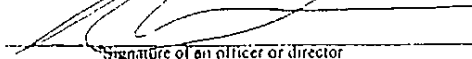
James L. McCraney  
12621 Corporate Lakes Drive, Unit 8  
Ft. Myers, FL 33913

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

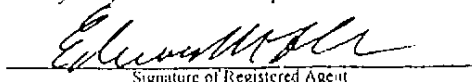
Edward M. Livingston / Livingston Loeffler, P.A.  
963 Trail Terrace Drive  
P.O. Box NOT acceptable  
Naples, FL 34103

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.

 Kurt Osborne, President  
Signature of an officer or director Printed or typed name and title

*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.*

 May 5, 2017  
Signature of Registered Agent Date

If signing on behalf of an entity:

Edward M. Livingston  
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)