## F11000004649

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Rusi	ness Entity Nan	20)
(Dusi	ness Linky Nan	ne)
(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
	J	

Office Use Only



100456716241

2025 OCT 15 PH 4: 47

SECUNDATE OF STATE

THE STEPS SWITCH

2025 OCT 15 AM 9: 49

FILED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:10	1/15/2025	
	Delijah Showers	
Reference #:		
Entity Name:	POINT BLANK E	NTERPRISES, INC.
☐ Articles o	of Incorporation/Authorization to	Transact Business
☐ Amendm	ent	
✓ Change of	of Agent	
Reinstate	ement	
☐ Conversi	on	
Merger		
☐ Dissolution	on/Withdrawal	
☐ Fictitious	Name	
Other		
Authorized Amo	ount: <b>\$35</b>	<u>.</u>
Signature De	lizah Showers	

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

statement of char	ge is submitted for a co	rporation organiz	607.1508, or 617.1508. F. ed under the laws of the St ed agent, or both, in the St	ate of[	Delaware		
L. The name of th	The name of the corporation: POINT BLANK ENTERPRISES, INC.						
				·			
4. Date of incorp	poration/qualification:11/17/2011 Document number:F110				0004649		
	street address of the curn ment of State: (If resign		ent and registered office on	file with th	ne		
	c c	T CORPORATIO	N SYSTEM				
	1200	1200 SOUTH PINE ISLAND ROAD			<b>202</b>		
		PLANTATION, FL 33324			2025 OCT 15 Separar Facilitation		
6. The name and (if changed):	street address of the nev	v registered agent	(if changed) and /or registe	ered office	TARK LE		
		Cogency Glob	al Inc.		1.5 F		
	115		treet, Suite 4		<b></b>		
		P O Box NOT acceptable					
		Tallahassee, Flor		<del></del>			
The street address changed will	ss of its registered offic- be identical.	e and the street ac	ldress of the business offi	ce of its re	gistered agent,		
Such change was authorized by the	s authorized by resolution board, or the corporat	on duly adopted b ion has been notif	by its board of directors or fied in writing of the chan	by an ofti ge.	cer so		
/s/ Ivan Habibe			Ivan Habibe				
Ü	of an officer or director		Printed or typed na				
of my dutiès, and document is beir	ne appointment as regi o comply with the provid I I am familiar with and I I am familiar with and g filed merely to reflect been notified in writing	t accept the obliga t a change in the	agree to act in this capactes relative to the proper a ation of my position as re- registered office address,	nd comple gistered ag I hereby co	te performance ent. Or, if this onfirm that the		
/s/ Tim Mayville			10/10/	2025			
	ature of Registered Agent	Maradilla Appletant Sans	Date	•			
If signing on bel		Mayville, Assistant Secr	amy				
Ty	ped 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 (04/13)

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