2001 ORM BUS	INESS REPO	DIRT (UBR)		27 m.	
DOCUM # L0000000 7458			FILED		
THE GUN SEARCH. COM, LLC			01 MAY -2 PM 1:38		
Principal Place of Business 812-A 8TH AVE W BRADENTON, FL 34205 BRADENTON, FL 34205			SECRETARY OF STATE TALLAHASSEE, FLORID	A	
Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	City & State		4. FEI Number 65-102/820	Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
JOHN E. NAPOLITANO 677 N WASHINGTON BLVD		Name Street Address	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)		
SARASOTA, FL 34236 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
	FILE N Make Check Pa	Will FEE IS \$50.00 able to Department of	of State		
MANAGING MEMBERS/MEMBERS ITTLE MEMBER / PRESIDENT Delete NAME DONALD E. BIGELOW STREET ADDRESS 130 MONTEZUMA DRIVE CITY-ST-ZIP BRADENTON, FL 34209		10. TITLE NAME STREET ADDRESS CITY-ST-2IP	100004316 -05/24/01~-0 *****50.00	Change Addition 8 1098-018 9	
ITTLE MEMBER/VICE PRESIDENT Delete NAME STREET ADDRESS BOOB 22 NO AVE W CITY-ST-ZIP BRADENTON, FL 34209		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change ☐ Addition	
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST, ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify from the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes. SIGNATURE: June Jun					

Date

Daytime Phone #