

104000059721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

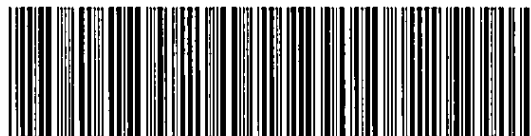
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300313677893

05/25/18--01013--015 \*\*25.00

2018 JUN 14 A 11:21

FILED

6/15/18 DS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2018

JOHN HAYES  
36 PUTNAM PARK RD  
REDDING, CT 06896

SUBJECT: TACTICAL OPERATIONAL SUPPORT SERVICES LLC  
Ref. Number: L04000059721

We have received your document for TACTICAL OPERATIONAL SUPPORT SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 018A00011093

RECEIVED  
2018 JUN 14 AM 10:55  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tactical Operational Support Services LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Hayes

Name of Person

Tactical Operational Support Services LLC

Firm/Company

36 Putnam Park Road

Address

Redding, CT 06896

City/State and Zip Code

johnh@hayeslesslethal.com

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

For further information concerning this matter, please call:

John Hayes

at ( 561 ) 201-2186

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Tactical Operational Support Services LLC

2. (a) C/O Searcy, Denney, Barnhart, Scarola, & Shi (b) C/O John Hayes

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)

2139 Palm Beach Lakes Blvd. 36 Putnam Park Road

West Palm Beach, Florida 33409-6601      Redding, Ct 06896

	<u>L04000059721</u>
3. _____ Date of filing/registration in Florida	4. _____ Document number

5 (a) Mr. John Hayes

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

C/O Harrington Law Alliance

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

100 S. Olive Avenue

West Palm Beach, FL 33401

(b) Mr. John Hayes

Enter name of NEW Registered Agent and/or NEW Registered Office address:

C/O Searcy, Denney, Barnhart, Scarola, & Shipley

NEW Registered Office Address:

2139 Palm Beach Lakes Blvd.

West Palm \_\_\_\_\_, Fl. 33409

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member \_\_\_\_\_ John Hayes  
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent