(Re	equestor's Name)	
•	•	
(Ad	(dress)	
(Ad	ldress)	<del></del>
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Dc	ocument Number)	
(		
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer.	
		80

Office Use Only



200109210862

09/10/07--01059--007 \*\*55.00

O7 SEP 10 PH 12: LO

## \* COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HURRICANE SHOOTERS, I (Name of Limited	LLC I Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
ARLENE SILVERMAN, CORPORATE (Name of Person)	PARALEGAL  NSON P.A	
BLALOCK, WALTERS, HELD & JOH (Firm/Company)	140014, 1 171.	
802 11TH STREET WEST	PH 12: LO	Ŧ
(Address)  BRADENTON, FL 34205-7734  (City/State and Zip Code)		
For further information concerning this matter, plea	ase call:	
ARLENE SILVERMAN, CORPORATE PARALEGAL at (9 (Name of Person)	748-0100 (Area Code & Daytime Telephone Number	er)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amo		
\$25 Filing Fee	✓ \$55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the State of Florida.	•
1. The name of the limited liability company is: H	URRICANE SHOOTERS, LLC
2. The mailing address of the limited liability comp	any is: 2306 60TH DRIVE EAST,
	BRADENTON, FL 34203
01/24/2005	L05000007242
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered Florida Department of State:	ed office address as shown on the records of the
ROBERT F. GREE	NE TALL 07
1301 6TH AVENUE Ad BRADENTON, FL City, Sta	WEST - SUITE 400  dress 34205-7435 te and Zip  t and/or office:
6. The name and address of the new registered agen	t and/or office:
CHARLES F. JOHN	SON, III
Nar 802 11TH STREET V	
Florida street address (P	O. Box NOT acceptable)
BRADENTON, F	ı. 34205-7734
City, State	and Zip
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the choof the members of the limited liability company or or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company.	e, the Florida street address of the registered office e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
Bryan D.M Anstle (Q) (Printed or typed name of signee)	
(Signature of Registered Agent)	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in the merely reflect a change in the registered office ompany has been notified in writing of this change.  Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18 (8/0