

L060VVU022536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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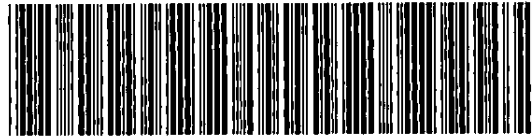
(Business Entity Name)

(Document Number)

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RECEIVED
10 MAR 11 PM 12:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
MAR 11 2010
EXAMINER

FILED
10 MAR 11 PM 3:09
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ANVIL ARMS LLC

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 MAR 11 PM 3:09

- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☐ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☒ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☐ Cert. Copy _____
- ☐ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____

Signature

Requested by: *Cherina* 3/11 am
Name Date Time

Walk-In

Will Pick Up

Courier

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 11 PM 3:09

1. Name of the limited liability company: ANVIL ARMS LLC

2. (a) Principal office address of limited liability company: _____



(Note: **MUST BE STREET ADDRESS**)

2358 Old Combee Road, Ste. 103
Lakeland, FL 33805

(b) Mailing address of limited liability company: _____



(Note: **MAY BE POST OFFICE BOX**)

P.O. Box 93039
Lakeland, FL 33804

March 1, 2006

3. Date of filing/registration in Florida

L06000022536

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Disser, Milton

Registered Office Address:

3158 San Jose Street
Clearwater, FL 33759

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Capital Connection, Inc.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

417 E. Virginia Street

Suite 1

Tallahassee, FL 32301

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.

M.E.D.

Signature of a member or authorized representative of a member

Milton Disser, Manager, Milton Disser LLC

Printed or typed name of signer

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 608, 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.

/s/ BARBARA NEELEY for Capital Connection

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00