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(Requestor's Name) (Address)		
(Address) (City/State/Zip/Phone #)	300133973413	
PICK-UP WAIT MAIL (Business Entity Name)	08/06/0801004013 **25.00	
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EXAMINER		



National Registered Agents, Inc. 11600 College Boulevard Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

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August 1, 2008

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Salvo Electrooptics LLC Change of Registered Office and Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned Salvo Electrooptics LLC, please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent accompanied by our check in the amount of Amount of \$35.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Amy Purdy " National Registered Agents, Inc.

Enclosure - Check

## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

## SUBJECT: SALVO ELECTROOPTICS 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:

(Name of Person)

And the state of the second

National Registered Agents, Inc.

(Firm/Company)

11600 College Blvd, Ste 210

(Address)

Overland Park, KS 66210

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Purdy

(Name of Person)

at (913) 754-0637 (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

INHS18 (8/05)

## 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.

1. The name of the limited liability company is: SALVO ELECTROOPTICS LLC

2. The mailing address of the limited liability company is : 670 CLEARWATER-LARGO RD N SUITE C

## **LARGO FL 33770 US**

07/11/2008

~ t.

3. Date of filing/registration in Florida

L08000067431 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

DOUGHERTY, JOHN D		
Name	anan se	r
8060A BYRAN DAIRY RD		0
Address	80	S S S S S S S S S S S S S S S S S S S
LARGO FL 33777 US	AUG	ē:
City, State and Zip	ຄື	at in Ord
6. The name and address of the new registered agent and/or office:	-6 A	FILE
NRAI Services, Inc.		
Name	: 2	
2731 Executive Park Drive, Suite 4	18	<u> </u>
Florida street address (P.O. Box NOT acceptable)		

FL 33331 Weston City, State and Zip

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.

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(Signature of a member or authorized representative of a member)

Channon Dougherty

(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 statules 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. NBAI Services, Inc. <u>**by:**</u> **Intrudy Urdu**, **7124108**. (Signature of Registered Agent) Amy Purdy, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**