109000009254

(Re	questor's Name)	
(Ad	dress)	
,	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
•		
(D.,	ainaaa Entitu blan	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	-	
Special Instructions to	Filing Officer:	



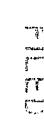


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T. CLINE
AUG 2 1 2012
EXAMINER

SESSEANT SESTINATE



COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	ECT:	Task f	- irearm	s L.L.C.				
		ame of Limite	ed Liabili	ty Company	/			
Dear S	Sir or Madam:							
The e	nclosed Registered Agent/Regi	stered Office	Change	and fee(s) a	re submitted for f	iling.		
Please	return all correspondence con	cerning this r	natter to	the followin	g:			
_	Sammy C. Su Name of Person	əri		_				
	Table Finances I	1.0						
	Task Firearms L. Firm/Company	<u>L.O.</u>		-				
	2460 N. Courtenay Parkw	ay, Suite 20	3 _	_				
	Address							
	Merritt Island, FL			-				
	City/State and Zip Cod	e						
	ussales@sarsilma	z.com		_				
E-	mail address: (to be used for future annu	al report notificati	ion)				******	
For fu	rther information concerning th	nis matter, ple	ease call:			光 公		
						<u>~ 2</u>	Series Comm	****
	Sammy Sueri	at (305	١	335-8647	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ري ب	p j - et t m - et t M
	Name of Person			rea Code & Da	ytime Telephone Num		20	***
	STREET/COURIER ADDRES	SS:	MAI	LING ADD	RESS:	777 OR	至	3
	Registration Section			stration Secti		(1 to 1)	162	1,
	Division of Corporations			sion of Corpo	orations		©	
	Clifton Building			Box 6327			**** ********************************	
	2661 Executive Center Circle Tallahassee, Florida 32301		Talla	hassee, Flori	da 32314			
	Enclosed is a check for the f	ollowing am	ount:					
	\$25 Filing Fec		\$55	Filing Fee	& Certified Copy	Ý		

INHS18 (5/08)

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.

-		-					
١.	Nar	ne of the limited liability company:	Task Firearms L.L.C.				
2.	(a)	Principal office address of limited liability company:	pany: 2460 N. Courtenay Parkway				
			Suite 203 Merritt Island, FL, 32953				
	(b)	Mailing address of limited liability company:	2460 N. Courtenay Parkway				
			Suite 203 Merritt Island, FL, 32953				
		1/28/2009	L09000009256				
3.	Dat	e of filing/registration in Florida 4	. Document number				
5.	(a)	Registered Agent and Registered Office shown on the		f State:			
		Registered Agent:	Sammy C. Sueri	٠			
			134 Starboard Lane	<u> </u>			
			#202 Merritt Island, FL 32953	22			
	(b)	Enter name of NEW Registered Agent and/or NEW		TASSE TASSE	UG 20		
		NEW Registered Agent:	Sammy C. Sueri	्या व्यक्ति — या व्यक्ति	攻		
		NEW Registered Office Address:	2460 N. Courtenay Parkway	に対象	75		
		(MUST BE FLORIDA STREET ADDRESS)	Suite 203	 L ^329!	<u></u>		
or incl ial	nfirn d the oility the r	imited liability company is not organized under the laned that after the change or changes are made, the Florousiness office of the registered agent will be identicy company, it is hereby confirmed that the change(s) when the limited liability company or as otherwoperating agreement of the limited liability company.	ws of the State of Florida, it is he rida street address of the registeral. Or, in the case of a Florida was/were authorized by an affire	ereby ered offi limited native v	ce ote		

member or authorized representative of a member

Sammy C. Sueri, General Manager/Member 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 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.

d NRegistered Agent

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

INHS18 (05/08)