1-09000065637

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COVER LETTER

	Registration Section Division of Corporations				
SUBJE	B&H POLICE SUPPLY, LLC	;			
Name of Limited Liability Company					
Dear Sir	or Madam:				
The enc	losed Registered Agent/Registered Offic	ce Change and fe	ee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:					
МАТТ	HEW KENNEDY				
•	Name of Person		-		
в&н і	POLICE SUPPLY, LLC				
	Firm/Company		-		
245 E	. MERRITT ISLAND CSWY				
	Address	· · · · · · · · · · · · · · · · · · ·	-		
MERF	RITT ISLAND, FL 32952				
	City/State and Zip Code		-		
-					
E-1	mail address: (to be used for future annu	ial report notifica	ation)		
For furtl	her information concerning this matter, p	please call:			
MATT	HEW KENNEDY	321	452-1105		
	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	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314		
	Enclosed is a check for the following amount:				
	☑ \$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 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. N	ame of the limited liability company: B&H POLICE			
2. (a)	245 E. MERRITT ISLAND CSWY	(b	SAME	
` ` `	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ``		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MERRITT ISLAND, FL 32952			THURS, MAY BEEN OUT OF THE BOTS
•		-		
				
	07/08/2009		L090000	065637
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	ROBERT A. GRIGGS			
J. (4)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of Sta	te:
	245 E. MERRITT ISLAND CSWY			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		_
				_
	MERRITT ISLAND	32952		7
	,FU_			- RANGE
(b)				27
• • •	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	
	MATTHEW KENNEDY			ORIGINA SE
	NEW Registered Office Address:	•		- >
				-
	, FL			
he cha	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab	he regist	ered offic	e and the business office of the registered
vas/we	ere authorized by an affirmative vote of the members of	the limi	ted liabilit	y company or as otherwise provided in
he arti	cles of organization or the operating agreement of the li		•	npany. KENNEDY
Signa	ure of a member of authorized representative of a member	1017	IIII	Printed or typed name of signee
Y horas	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he i in writing of this change.	e to act t erforma for in Ci ereby coi	in this cap nce of my hapter 603 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
State	e of Registered Agent			