L09000075882

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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SECRETARY OF STAFE
ASSEE, FLORID.

J. BRYAN

JUL - @ 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporat	ions						
SUBJECT: Engineered Armored						·····		
		Name of Li	mited I	Liabil	ity C	Company		
Dear	Sir or Madam:							
The e	nclosed Registered Ag	ent/Registered Of	fice Ch	ange	and	fee(s) are submitted	l for filing.	
Please	e return all corresponde	ence concerning th	nis mat	ter to	the f	following:		
		. St. Amant			<u></u>			
	Name o	f Person						
 	Engineered Arm		LC					
	Firm/Co	mpany						
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		ebra Drive			_		59 6	-
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Lady Lake, Fl 32159 City/State and Zip Code					_		7000	C
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	kevinst.amai -mail address: (to be used for	nt@yahoo.com	:/:				<u>कि</u>	
E	-man address: (to be used for	uture annuai report not	псаноп)					
For fu	orther information conc	erning this matter	, pleas	call	:			
	Kevin St. Ama	ant	at (770		331-689		
	Name of Person			•	Area (Code & Daytime Telephon	ie Number	
	STREET/COURIER	ADDRESS.		МА	H.IN	G ADDRESS:		
Registration Section Registration of Corporations Division of Corporations					ion Section			
				Division of Corporations				
						6327		
2661 Executive Center Circle			Tallahassee, Florida 32314					
	Tallahassee, Florida 32	301						
	Enclosed is a check	for the following	amou	nt:				
	\$25 Filing Fee		ſ,	7] \$5	5 Fil	ing Fee & Certified	Сору	

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.

agoni, or com, in the state of the tau.								
1. Name of the limited liability company:	the limited liability company: Engineered Armored Vehicles LLC							
2. (a) Principal office address of limited liability	company: 1303 Debra Drive							
(Note: MUST BE STREET ADDRESS)	Lady Lake, Fl. 32159							
(b) Mailing address of limited liability compar	ny: Engineered Armored Vehicles LLC							
(Note: MAY BE POST OFFICE BOX)	1303 Debra Drive Lady Lake, Fl. 32159							
08/05/2009	L09000075882							
3. Date of filing/registration in Florida	4. Document number							
5. (a) Registered Agent and Registered Office sl	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
Registered Agent:	Kevin G. St. Amant							
Registered Office Address:	1303 Debra Drive Lady Lake, FL 32159							
(b) Enter name of <u>NEW Registered Agent</u> an <u>NEW</u> Registered Agent:	nd/or NEW Registered Office address:							
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	Lady Lake ,FL32159							
and the business office of the registered agent will	nder the laws of the State of Florida, it is hereby ide, the Florida street address of the registered office l be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote r as otherwise provided in the articles of organization company.							
I hereby accept the appointment as registered age comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 508, F.S. Or, if this document is being fit address. I thereby confirm that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.							

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

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