## L0900094910

(Requ	uestor's Name)	)
(Addr	ress)	
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(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL.
(Busi	ness Entity Na	me)
(Doct	ument Number	)
Certified Copies	Certificate	s of Statu <b>s</b>

Special Instructions to Filing Officer:

L. SELLERS

SEP 28 2010

**EXAMINER** 

Office Use Only



300184520913

08/20/10--01011--018 \*\*35.00

SECRETARY OF STATE

## **COVER LETTER**

*TO: Amendment Section Division of Corporations			
SUBJECT: A patriot AMMO And Fireums, LLC Name of Corporation			
DOCUMENT NUMBER: 109000094910			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Mike Strickland			
Name of Contact Person			
A patriot Ammo and Firearms, LLC Firm/Company			
1/85 George Street Address			
Sebastian, FL 32958 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (850) 28/158/ Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address:  Amendment Section  Street Address:  Amendment Section			

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



August 25, 2010

MIKE STRICKLAND 1185 GEORGE STREET SEBASTIAN, FL 32958

SUBJECT: A PATRIOT AMMO AND FIREARMS, LLC

Ref. Number: L09000094910

We have received your document for A PATRIOT AMMO AND FIREARMS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 510A00020419

## **COVER LETTER**

* TO: Registration Section Division of Corporations
SUBJECT: A Patriot Ammo and Firearms, 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:
Michael Strictland
A Patriot Ammo and Firecoms, LCC Firm/Company
1185 George Street  Middress
Sebastian. Florida 22958 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Strickland at (850) 28/158/ Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee & Certified Copy
INHSI8 (5/08) & Already submitted fee with last mailing &

## 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. Name of the limited liability company: 2. (a) Principal office address of limited liability company: Sebastian, Flbrida (b) Mailing address of limited liability company: Note: MAY BE POST OFFICE BOX) 609000094910 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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. Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I durther agree comply with the provisions of all statutes relative to the proper and complete performance of my dulted 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 have by confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent

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