## LCCCC 34

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 21 2017 S. YOUNG

## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations			
SUBJECT:	RENEGADE ARMAMENT SOUTH LLC			
Name of Limited Liability Company			pility Company	
Dear Sir or N	Madam:			
The enclosed	d Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.	
Please return	all correspondence concerning thi	s matter to the fo	llowing:	
Alex Smith	า			
	Name of Person		-	
RENEGAL	DE ARMAMENT SOUTH LLC	•		
	Firm/Company		-	
403 Planta	ation Road	,		
	Address		-	
Tallahasse	ee, Florida 32303			
- ,	City/State and Zip Code		-	
_	itisConsulting.com		_	
E-mail	address: (to be used for future ann	ual report notifica	ation)	
For further in	nformation concerning this matter,	please call:		
Alex Smith	1	850 at (	345-1203	
	Name of Person		Area Code & Daytime Telephone Number	
Regi	REET/COURIER ADDRESS: istration Section sion of Corporations	MAILING ADDRESS: Registration Section Division of Corporations		
Clift 2661	on Building Executive Center Circle hahassee, Florida 32301	P.O.	Box 6327 hassee, Florida 32314	
Enci	losed is a check for the following	amount:		
<b>_</b> _ <b>_</b> _ <b>_</b> _ <b>_</b>	25 Filing Fee	<b>□</b> \$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:	ACMAN	
2. (a)		(b)	403 Plantation Road
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tallahassee, Florida 32303	<u>.                                  </u>	Tallahassee, Florida 32303
	3/10/17	 I	_1000005321
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of Derek Whitis and Alex Smith  Registered Office Address (MUST BE FLORIDA STREET)		
	3670 Mossy Creek Lane		<b>3</b>
	Tallahassee , FI	32311	MAR 20
(b)	Enter name of NEW Registered Agent and/or NEW Registered  Derek Whitis and Alex Smith  NEW Registered Office Address:  403 Plantation Road	d Office add	PH 12: 57
		<u> </u>	
	Tallahassee . Fl	_32303	
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regist iability con of the limit c limited lia	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act i e performa ed for in Cl hereby cor	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept napter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been
Signatu	re of Registered Agent		