## 110000005321

| (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: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only



200303915592

09/27/17--01097--028 \*\*25.00

17 SEP 27 AM 7: 45
SECRE HARY OF STATE
TALLAHASSEF FROSING

## COVER LETTER

|   | : Registration Section Division of Corporations  |                      |  |  |  |  |
|---|--|----------------------|--|--|--|--|
| SUBJEC  | Renegade Armament South LLC  |                      |  |  |  |  |
| SUBJEC  | 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:                   |  |                      |  |  |  |  |
| Courtney Whitis   |  |                      |  |  |  |  |
|   | Name of Person   |                      | -  |  |  |  |
| Renegade Armament South LLC   |  |                      |  |  |  |  |
|   | Firm/Company   |                      | _  |  |  |  |
| 403 Plantation Road   |  |                      |  |  |  |  |
|   | Address  |                      | <del>-</del>   |  |  |  |
| Tallahas  | ssee, Florida 32303  |                      |  |  |  |  |
|   | City/State and Zip Code  |                      | _  |  |  |  |
| Courtney@whitisconsulting.com   |  |                      |  |  |  |  |
| E-mail address: (to be used for future annual report notification)                          |  |                      |  |  |  |  |
| For further information concerning this matter, please call:                                |  |                      |  |  |  |  |
| Courtne   | y Whitis   | 850<br>at (          | 264-4128   |  |  |  |
|   | Name of Person   |                      | Area Code & Daytime Telephone Number   |  |  |  |
| R<br>D<br>C<br>26   | rreet/courier address: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301 | Regi<br>Divi<br>P.O. | stration Section<br>sion of Corporations<br>Box 6327<br>ahassee, Florida 32314 |  |  |  |
| E   | Enclosed is a check for the following amount:  |                      |  |  |  |  |
| 2   | \$25 Filing Fee  | <b>a</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.

| . Na                      | ame of the limited liability company: Renegade   | e Armament S  | South LLC   |  |
|---------------------------|--|---|---|--|
| . (a) No Change           |  | (d)   | (b) No Change   |  |
| χ.,                       | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)   | y:  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |  |
|                           | 01/14/2010  Date of filing/registration in Florida   | L1  | 0000005321  Document number   |  |
|                           | Remove   | 4.  | Document number   |  |
| (a)                       | · · · · · · · · · · · · · · · · · · ·  | da afaba Elacida Da   |   |  |
|                           | Registered Agent and Registered Office shown on the recor<br>Alex Smith  | ras of the riorida De   | ept. of state:  |  |
|                           |  | PPT ADDRESS   |   |  |
|                           | Registered Office Address (MUST BE FLORIDA STR. 403 Plantation Road  | EE ( ADDRESS)   | 17 SE   |  |
|                           | Tallahassee  | , FL 32303  | SEP 27 AHASSE   |  |
| (b)                       | Add  |   |   |  |
|                           | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>  | stered Office addre   | AH 7: #5  |  |
|                           | NEW Registered Office Address:   | · · · · · ·   |   |  |
|                           | 403 Plantation Road  |   |   |  |
|                           | Tallahassee  | , FL 32303  |   |  |
| he cha<br>gent v<br>vas/w | imited liability company is not organized under the singe or changes are made, the Florida'street addrewill be identical. Or, in the case of a Florida limit are authorized by an affirmative vote of the membicles of organization or the operating agreement of  | ess of the registe<br>ted liability com-<br>pers of the limite                | red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in  |  |
|                           | Contract of the contract of th | Alex S  | Smith   |  |
| Signa                     | ture of a member or authorized representative of a member  | <del>-</del>  | Printed or typed name of signee   |  |
| rovisi<br>he obi<br>o mer | by accept the appointment as registered agent amions of all statutes relative to the proper and complications of my position as registered agent as property reflect a change in the registered office address of this change.   | d agree to act in<br>plete performan<br>wided for in Cho<br>ss, I hereby conj | this capacity. I further agree to comply with the<br>ce of my duties, and I am familiar with and accep<br>apter 605, F.S. Or, if this document is being filed<br>firm that the limited liability company has been |  |

Signature of Registered Agent