## 4100018397

| (Red                      | questor's Name)     |           |
|---------------------------|---------------------|-----------|
| (Add                      | dress)              |           |
| (Ado                      | dress)              |           |
| (City                     | //State/Zip/Phone # | #)        |
| PICK-UP                   | ☐ WAIT              | MAIL      |
| (Bus                      | siness Entity Name  | e)        |
| (Doc                      | cument Number)      |           |
| Certified Copies          | _ Certificates o    | of Status |
| Special Instructions to F | Filing Officer:     |           |
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 9, 2017

WILLIAM GORDON 4900 LINTON BLVD **UNIT 26** DELRAY BCH, FL 33445

SUBJECT: SOUTHERN YANKEE GUNS LLC

Ref. Number: L11000018397

We have received your document for SOUTHERN YANKEE GUNS 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).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 017A00009190

## **COVER LETTER**

TO:

Dear Sir or Madam:

Registration Section
Division of Corporations

| Firm/Company   |   |
|--|---|
|  | (95 Tim) au                                 |
| Address  | _   |
| Dehray Bouch, A  | 2., 33445                                   |
| City/State and Zip Code  | •   |
| E-mail address: (to be used for future annual                            | Amand. Com report notification)             |
| For further information concerning this matter, plea                     | ase call:                                   |
| Wilhow H. Gorpen a   | (60) 955-350                                |
| Name of Person   | Area Code & Daytime Telephone N             |
| STREET/COURIER ADDRESS: Registration Section                             | MAILING ADDRESS: Registration Section       |
| Division of Corporations   | Division of Corporations                    |
| Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | P.O. Box 6327<br>Tallahassee, Florida 32314 |
| Enclosed is a check for the following am                                 | ount:                                       |
| ☐ \$25 Filing Fee  | □ \$55 Filing Fee & Certified Copy          |
| INHSTS (QUA)   | ready 45.00                                 |

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Name of Person

Southern Yanker Guns, LC

Please return all correspondence concerning this matter to the following:

## 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.

| a) _        | Principal office address of limited liability company:  | Mailing address of limi          |                      |
|-------------|---|----------------------------------|----------------------|
|             | Delvay Brady FL.  | Boyn to                          | Buch                 |
|             | 33445   | Py.                              | 33437                |
|             | 02/11/11  | 4 11000                          | 018397               |
|             | Date of filing/registration in Florida 4.   | Document numbe                   | r                    |
| a)          | Deien JA and J Deien J Office the months of the Florida   | Pout of State                    |                      |
|             | Registered Agent and Registered Office shown on the records of the Florida I  | Jept. of State:                  |                      |
|             | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |                                  | ્ર ક્ષ્મ             |
|             | Swte B  |                                  |                      |
|             | Dalvy Boul FL 33  | 3483                             | N.                   |
| b) .        | WILLIAM H GORDON  |                                  |                      |
|             | Enter name of NEW Registered Agent and/or NEW Registered Office addr  |                                  | _                    |
|             | 4900 LINTON BLUE  | )- United                        |                      |
|             | NEW Registered Office Address:  |                                  |                      |
|             |   |                                  |                      |
|             | Dolvay Bench, FL 33   | 3445                             |                      |
| <u>. 1:</u> | mited lightlifty company is not organized under the laws of the S   | State of Florida, it is baraby s | ionfirmed that after |
|             | mited liability company is not organized under the laws of the S<br>nge or changes are made, the Florida street address of the regist |                                  |                      |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee

rized representative of a member

Signature of Registered Agent

Signature of a member of