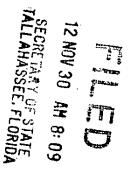
## L12011056954

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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B. KOHR
DEC - 3 2012
EXAMINER

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## **COVER LETTER**

<b>TO:</b>	Registration Section Division of Corporations	
SUBJ		imited Liability Company
Dear S	Sir or Madam:	
The e	nclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning t	\$\frac{1}{2}
Ch	ristopher Arend	
	Name of Person	ORDER SO
JM	R Arms, LLC	•
	Firm/Company	<del></del>
594	46 Mimosa Dr.	
	Address	
Orl	ando, FL. 32807	
	City/State and Zip Code	
chr	ris@hogloggertactical	.com
E	-mail address: (to be used for future annual report no	otification)
For fu	orther information concerning this matter	er, please call:
Ch	ristopher Arend	<sub>at (</sub> 407 ) 346-5243
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section Division of Corporations	Registration Section Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following	g amount:
	■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

## 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: JMR Arms, LLC		_		
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any: 5946 Mimosa Dr Orlando, FL. 32807			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5946 Mimosa Dr. Orlando, FL. 32807			
April 27th, 2012	L12000056954			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:			
Registered Agent:	Christopher J Arend	_		
Registered Office Address:	5946 Mimosa Dr. Orlando, FL. 32807	_		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address:  No Change	_		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	707 Bean Lane Orlando, FL. 32803	<u>-</u>		
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				
Christopher J Arend Printed or typed name of signee	—— nd agree to act in this capacity. I further agree to proper and complete performance of my duties,	0		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited tiability comp	position as registered agent as provided for in merely reflect a change in the registered office vany has been notified in writing of this change.			

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

INHS18 (05/08)

Signature of Registered Agent