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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
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SECRETARY OF STATE

SEP - 7 2012

T. HAMPTON

## **COVER LETTER**

TO:	Registration Section Division of Corporations	,	
SUBJECT: TNT FIREARMS LLC  Name of Limited Liability Company			
Dear S	Sir or Madam:		
The e	nclosed Registered Agent/Registered (	Office (	Change and fee(s) are submitted for filing.
Please	return all correspondence concerning	this ma	atter to the following:
	TheodoxE THOMAS  Name of Person		
	TNT FIREARMS LLC Firm/Company	<u></u>	
	3514 N POWERLINE ROA Address	D	
	POMPANO BEACH FL 330 City/State and Zip Code	<u>69</u>	
E	COASTALTED@GMAIL.CO	)M notificatio	m)
For fi	urther information concerning this mat	ter, ple	ase call:
<u>Th</u>	14090(E_ THOMAS	_ at (_	
	Name of Person  STREET/COURIER ADDRESS:		Area Code & Daytime Telephone Number  MAILING ADDRESS:
	Registration Section Division of Corporations		Registration Section Division of Corporations
	Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the followi	ng ame	ount:
	\$25 Filing Fee		\$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 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.

Name of the limited liability company:	TNT FIREARMS LLC
2. (a) Principal office address of limited liability com	pany: 3514 N POWERLINE ROAD
(Note: MUST BE STREET ADDRESS)	POMPANO BEACH FL 33069
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	3514 N POWERLINE ROAD POMPANO BEACH FL 33069
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:	W. Rodgers Mobile
Registered Office Address:	1900 Glidos Road #40 Boca Bason 1234/16
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: TED THOMAS
NEW Registered Office Address:	3514 N POWERLINE ROAD
(MUST BE FLORIDA STREET ADDRESS)	POMPANO BEACH ,FL33069
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be i liability company, it is hereby confirmed that the chang of the members of the limited liability company or as or the operating agreement of the limited liability com	P - 6 A
Printed or typed name of signee	HID: 28
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	and agree to act in this capacity. I further agrée to be proper and complete performance of my duties, by position as registered agent as provided for in o merely reflect a change in the registered office apany has been notified in writing of this change.
Signature of Registered Agent	/ Suc

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