1/2000570307

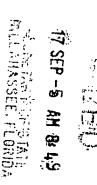
(Re	questor's Name)			
(Ad	dress)			
4.1	<u>-</u>			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	TIAW	MAIL		
(Bu	isiness Entity Nan	ne)		
(,		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
}				

Office Use Only



500303035515

09/05/17--01027--016 **25.00



COVER LETTER

Division of Corporations	<i>:</i> .	
SUBJECT: TNT Firearms		
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Todd D. Ford		
Name of Person	· · · · · · · · · · · · · · · · · · ·	
TNT Firearms LLC		
Firm/Company		
2101 NW 33rd Street Suite 1200		
Address		
Pompano Beach, Florida 33069		
City/State and Zip Code	300 300 300 300 300 300 300 300 300 300	
tford1911 @bellsouth.net		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this matter, plea	se cali:	
Todd D. Ford	954 309-6498	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amo	ount:	
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

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: TNT Firearms	LLC		
2. (a)	2101 NW 33rd Street Suite 1200	(1	_{b)} 2101	NW 33rd Street
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(· /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Pompano Beach		Pom	oano Beach
	Florida 33069	_	Floric	da 33069
	5/23/2012		L1200	0070307
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Ted Thomas			
()	Registered Agent and Registered Office shown on the records of the	the Florid	a Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES.	<u>s)</u>	
	2101 NW 33rd Street Suite 1200			
	Pompano Beach , FL	33069)	HASSE
(b)	Todd D. Ford			
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	
	NEW Registered Office Address:			
	6538 NW 56th Street			
	Coral Springs , FL	33067	•	
the cha agent was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is defined in the interior of this change.	the regi ability c of the lin limited	istered of ompany, nited liab liability	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Todd Ford Printed or typed name of signee

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

Signature of Registered Agent