L12000118825

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						





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December 3, 2015

THOMAS D. KING 6428 PENSACOLA BLVD. PENSACOLA, FL 32505

SUBJECT: PENSACOLA INDOOR SHOOTING RANGE, LLC

Ref. Number: L12000118825

We have received your document for PENSACOLA INDOOR SHOOTING RANGE, 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 - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 515A00025345

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

COVER LETTER

_	istration Section ision of Corporations						
SUBJECT:	PENSACOLA INDOOR SHOOTING RANGE, LLC						
SUBJECT:	Name of Limited Liability Company						
Dear Sir or l	Madam:						
The enclose	d Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:							
THOMAS	D KING						
	Name of Person						
PENSACO	OLA INDOOR SHOOTING RAN	IGE, LLC					
	Firm/Company	.					
4328 BUF	RTONWOOD DR						
	Address						
PENSACO	OLA, FL 32514						
	City/State and Zip Code						
tomdking(@bellsouth.net						
E-mail	address: (to be used for future annua	l report notifica	ition)				
For further i	information concerning this matter, pl	ease call:					
THOMAS	D KING	850 at (393-4726				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Div Clif 266	REET/COURIER ADDRESS: distration Section dision of Corporations from Building 1 Executive Center Circle dahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314				
Enclosed is a check for the following amount:							
≥ \$	325 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	Jame of the limited liability company:	INDOC	OR SHOO	TING RANGE, L	_LC	
2. (a)	6428 PENSACOLA BLVD	(P,	(b) 4328 BURTONWOOD DR			
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	PENSACOLA FL 32505	-	PENSAC	OLA FL 32514		
	09/17/2012		L1200011	8825		
3. 5. (a	Date of filing/registration in Florida THOMAS D KING	4.]	Document number		
. (4	Registered Agent and Registered Office shown on the records of to 1040 AQUAMARINE DR	he Florida	Dept. of State:	:		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)				
	GULF BREEZE , FL.	32563		ABYETTER BETTER	Contract Con	
(b)	THOMAS D KING			ASSEE	m	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	ARY OF STATE SSEE, FLORIDA	J	
	4328 BURTONWOOD DR			ATE Valey		
	NEW Registered Office Address:					
	PENSACOLA, FL	32514				
the chagent was/w the ar	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable ere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regis ability con f the limi limited li	tered office mpany, it is ited liability iability com	and the business of hereby confirmed company or as oth pany. KING /PRESIDE	office of the registered that the change(s) nerwise provided in	
I here provis the ob- to me notify	ature of a member or authorized representative of a member eby accept the appointment as registered agent and agri- sions of all statutes relative to the proper and complete foligations of my position as registered agent as provided reflyreflect a change in the registered office address, I he address of this change. Leans of Registered Agent	ee to act performa 1 for in C hereby co	in this cana	Printed or typed name acity. I further agress and I am fan F.S. Or, if this do he limited liability	ee to comply with the	

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

INHS18 (2/14)