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D. SCOTT MAR 2 7 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE 8128890 534398 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: March 6, 2017 ORDER TIME: 12:39 PM ORDER NO. : 534398-005 CUSTOMER NO: 8128890 CHANGE OF AGENT NAME: SABER ARMS LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER:

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.

Name of the limited liability company: SABER ARMS LLC							
2	(a)	3300 GALLANT FOX TRAIL	(b) P.O. BO	OX 14003		
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	, 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		TALLAHASSEE, FL 32309		TALLAHA	ASSEE, FL 32317		
		02/28/2013	-	L1300003	30818		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	UNITED STATES CORPORATION AGENTS, INC.					
٠.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	٠	Registered Office Address (MUST BE FLORIDA STREET AD 13302 WINDING OAKS COURT SUITE A	DDRESS)	!	FILED FILED FALLAHASSEE, P		
		TAMPA , FL_	33612		SSE PE		
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address: 1201 Hays Street NEW Registered Office Address:			MAR 24 MI OF 20 CRETARY OF STATE CRETARY OF STATE LAHASSEE, FLORIDA		
		Tallahassee , FL_	32301				
the age wa	cha ent w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of a ganzation of the operating agreement of the limited liab.	ne regis ility co the limi mited li	tered office mpany, it is ited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in opany.		
\$	ignat	ure of a member or authorized representative of a member	Printed or typed name of signee				
pro the to t	oviși obli mere	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided j ly reflect a change in the registered office address, I he I in writing of this change	e to act erforma for in C reby co	ince of my o hapter 605 infirm that i	duties, and I am Jamiliar with and accept , F.S. Or, if this document is being filed the limited liability company has been		
٠.		M. Fludon	~**		Zender		
Sig	gnatur	e of Registered Agen Corporation Service Company	BY: A	Asst. Vice	President		
		Division of Corporations P O Ro	x 6327	• Tallahas	see FL 32314		

FILING FEE: \$25.00

INHS18 (2/14)