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R. WHITE

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COVER LETTER

TO: Registration Section Division of Corporations							
Florida Custom (Guns LLC						
	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.						
Please return all correspondence of	concerning this matter to the following:						
llene Knable Gotts, Esq.							
Name of	Person						
Wachtell Lipton Rosen & Ka	atz						
Firm/Cor	npany						
51 West 52nd Street							
Addres	S						
New York, NY 10019							
City/State an	d Zip Code						
ikgotts@wlrk.com							
E-mail address: (to be used	for future annual report notification)						
For further information concerning	ng this matter, please call:						
llene Knable Gotts	at (212) 403-1247						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	Registration Section Division of Corporations P.O. Box 6327 ircle Tallahassee, Florida 32314						
Enclosed is a check for	the following amount:						
☑ \$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.	Na	me of the limited liability company: Florida Custor											
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Hollywood Fl 33019			(b) 1044 S. Northlake Drive								
	(-)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)								
					Hollywo	od FL 33019							
		04/08/13		L	130000	50881							
3.		Date of filing/registration in Florida	4.			Docum	ent nu	mber					
5.	(a)	Isaac Gotts											
	` '	Registered Agent and Registered Office shown on the records of to 640 NW 27th Street	he Florid	da D	ept. of Stat	e:							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)											
		Wilton Manors, FL	33311	1		-	ž	AEC	14 SEP	means) of			
	(b)					_		60.	6. 6.				
		Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddr	<u>ess</u> :			120 (1) 120 (1)	N	; T			
		1044 S. Northlake Drive							PH 2:	U			
		NEW Registered Office Address:	_			_		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T	37		•		
		Hollywood , FL	33019	9		_							
the age	e cha ent v s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg bility of f the lin limited	giste con mit l lia	ered offic pany, it i ed liabilit bility cor	e and the is hereby ty compa	busin confi	ess offic med that	e of th t the c	ie regis hange(stered (s)		
_	Signa	the of a member or authorized representative of a member	150	aac	Gotts	Printed (or typed	name of s	ignee				
Ill pro the to no	herei ovisi e obl mere tified	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change.	ee to ac perforr I for in hereby	ct ii mar Ch con	n this cap nce of my napter 60 firm that	acity I	furthe:	r aoree te	- o com	ply with and a being has be	th the accept filed een		