

U13000065290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

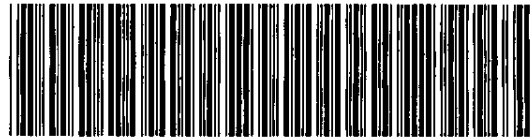
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400261784224

07/07/14--01022--002 \*\*35.00

*R. White*

AUG-12-2014

R. WHITE

17  
14  
8-8  
02:12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2014

PALACE D HARRIS JR  
14071 EAGLE FEATHERS DR  
JACKSONVILLE, FL 32226

SUBJECT: CENTERFIRE MARKSMANSHIP TRAINING, LLC  
Ref. Number: L13000065290

We have received your document for CENTERFIRE MARKSMANSHIP TRAINING, 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 Florida corporation, but your entity is a Florida limited liability company. 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) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 114A00015689

RECEIVED  
14 AUG -8 AM 11:12  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Centerfire Marksmanship Training, LLC.

Name of Corporation

**DOCUMENT NUMBER:** L13000065290

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Palace D. Harris, Jr.

Name of Contact Person

Centerfire Marksmanship Training, LLC.

Firm/Company

14071 Eagle Feathers Dr

Address

Jacksonville, FL 32226

City/State and Zip Code

centerfiremt@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Palace D. Harris, Jr

Name of Contact Person

at (229) 886-0675

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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. Name of the limited liability company: Centerfire Marksmanship Training, LLC

2. (a) \_\_\_\_\_  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

14071 Eagle Feathers Dr  
Jacksonville, FL 32226

(b) \_\_\_\_\_  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

14071 Eagle Feathers Dr  
Jacksonville, FL 32226

May 3, 2013

~~L130000~~ L13000065290

3. Date of filing/registration in Florida

4. Document number

5. (a) United States Corporation Agents, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
13302 Winding Oak Ct  
Tampa, FL 33612

(b) Palace D. HARRIS JR  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

~~14071 Eagle Feathers Dr~~  
*NEW Registered Office Address:*  
~~J~~ 14071 Eagle Feathers Dr  
Jacksonville, FL 32226

FILED  
14 JUN -8 PM 02:27

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Palace D. Harris Jr.  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent