

L1410000029806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

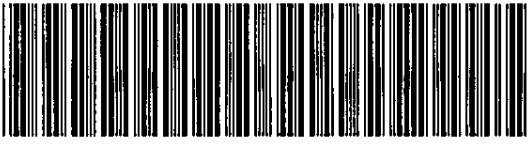
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Wrong Form
Reg. Agent must
Sign.

Office Use Only



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02/11/15--01008--002 **35.00

FILED
15 MAR 18 PM 3:55
FBI - ALBUQUERQUE

LC
R/ACHG

MAR 18 2015
R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 MAR 18 AM 10:06

February 17, 2015

BERNARDO SOLER
PO BOX 971
LUTZ, FL 33548

SUBJECT: SAS OUTFITTERS LLC
Ref. Number: L14000029806

We have received your document for SAS OUTFITTERS 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: 115A00003307

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAS Outfitters LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bernardo Soler

Name of Person

SAS Outfitters LLC

Firm/Company

PO Box 971

Address

Lutz, FL 33548

City/State and Zip Code

info@apocalypseoutfitters.net

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

For further information concerning this matter, please call:

Bernardo Soler

Name of Person

at (813) 322-3231

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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: SAS Outfitters LLC
2. (a) 608 CHANCELLAR DR, Lutz, FL 33548 (b) PO Box 971, Lutz, FL 33548
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 2/21/2014 Date of filing/registration in Florida 4. L14000029806 Document number

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

13302 Winding OAK Court Ste A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tampa, FL 33612
_____, FL _____

- (b) Bernardo Soler
Enter name of NEW Registered Agent and/or NEW Registered Office address:

608 Chancellor Drive
NEW Registered Office Address:
Lutz, FL 33548
_____, FL _____

FILED
15 MAR 18 PM 3:55
TALLAHASSEE, FLORIDA

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.

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

Bernardo Soler
Printed or typed name of signer

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.

X [Signature]
Signature of Registered Agent

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