

L14000081439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

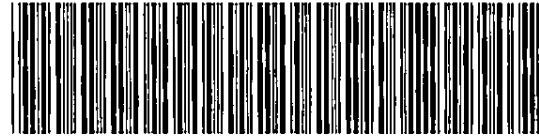
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500299409005

08/21/17--01034--012 **25.00

FILED
17 AUG 21 AM 11:49
TALLAHASSEE, FLORIDA

AUG 23 2017

Y SULKER

COVER LETTER:

TO: Registration Section
Division of Corporations

SUBJECT: Fighter Link Solutions International

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:

Dan Whiting

Name of Person

Fighter Link Solutions International

Firm/Company

8304 White Horse Dr

Address

Waxhaw, NC 28173

City/State and Zip Code

Dan.whiting@fl-si.com

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

For further information concerning this matter, please call:

Dan Whiting

at (904) 673-0798

Name of Person

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: Fighter Link Solutions International

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

4690 NW 128th St

Opa Locka, FL 33054

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

8304 White Horse Dr

Waxhaw, NC 28173

05/20/2014

L14000081439

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Dan Whiting

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

481 SW 147th Ter

Pembroke Pines, FL 33027

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Bruce Owens

NEW Registered Office Address:

4690 NW 128th St

Opa Locka, FL 33054

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.

Dan Whiting
Signature of a member or authorized representative of a member

Dan Whiting

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.

Bruce Owens
Signature of Registered Agent

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