

L14000095151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

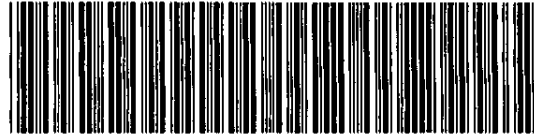
(Document Number)

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*W Bank Form Sign*

Office Use Only



200295532432

200295532432  
02/21/17--01028--012 \*\*35.00

2017 MAR 21 AM 10:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

K. SALY

MAR 23 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2017

OPERATION SUPPORT SERVICES L.L.C.  
EDWARD E GRIFFIN  
9914 PERFECT DR.  
PORT ST LUCIE, FL 34986-3033

SUBJECT: OPERATION SUPPORT SERVICES L.L.C  
Ref. Number: L14000095151

We have received your document for OPERATION SUPPORT SERVICES L.L.C and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 117A00004672

RECEIVED  
2017 MAR 21 AM 11:44  
TALLAHASSEE  
ALABAMA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Operation Support Services 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:

Edward E Griffin

Name of Person

Operation Support Services LLC

Firm/Company

9914 Perfect Drive

Address

Port Saint Lucie, FL 34986-3033

City/State and Zip Code

eeg@ossammo.com

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

For further information concerning this matter, please call:

Edward E Griffin

Name of Person

at ( 772 )

408-8151

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

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. Name of the limited liability company: Operation Support Services LLC

2. (a) 9914 Perfect Drive (b) 9914 Perfect Drive

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Port Saint Lucie, FL 34986-3033

Port Saint Lucie, FL 34986-3433

09/18/2014

L-14000095151

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:

Edward Griffin

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

9914 Perfect Drive

Port Saint Lucie, FL 34986-3033

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

**NEW Registered Office Address:**

9914 Perfect Drive

Port Saint Lucie, FL 34986-3033

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 of a member or authorized representative of a member

Edward G Griffin  
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 of Registered Agent

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

FILED  
2017 MAR 21 AM 10:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE