L14000105004

(Re	questor's Name)			
(Ad	dress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
WEONS FORM	m?			
Office Use Only				



200287506262

07/22/16--01003--017 **35.00

SLORETARY OF STATE ALLAHASSEE, FLORIDA 2016 AUG 18 PK 3: 15

K.SALY EXAMINER AUG 19



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2016

US-1 AMMUNITION \
8455 MARSALA WAY
BOYNTON BEACH, FL 33472

SUBJECT: BEHNZI GROUP LLC Ref. Number: L14000105004



We have received your document for BEHNZI GROUP 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): \

We are enclosing the proper form(s) with instructions for your convenience.

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 filling of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 916A00015508

COVER LETTER

Division of Corporations					
SUBJECT: Behnzi Goup 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:					
Danny Terenzi Name of Person					
US.1 Ammunition Firm/Company					
8455 Marsala Way					
Boynton, Beach, FL 33472 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Dany Terenzi at (561)603-5375 Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301					
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. Nar	ne of the limited liability company: <u>Ben Nzi</u> Gro	up Ll	_C
2. (a) _	(b)	v	
			imited liability company: POST OFFICE BOX)
	8455 Marsala Wav	· · · · · · · · · · · · · · · · · · ·	
	Boynton Beach, FL 33472		
	30 9111011 OCUATITE 334 12		
	7124/2014 615	10001	05004
3.	Date of filing/registration in Florida 4.	Document num	ber
5. (a)	Bennzi Group CLC		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	::	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	3701 NF 12th Ave B		20
	Pompano Beach, FL, FL 3306		ZOIL AUG
	TOTALL SECTION C., FL.)—(IARSS 18
(b) _	Enter name of NEW Registered Agent and/or NEW Registered Office address:		(1)
	Enter name of NEW Registered Agent and/or NESY Registered Office address:		PM 8: 15 OF STAFE E.FLORID
	8455 Marsala Way		5
	NEW Registered Office Address:		
	Boynton Beach		
	ススロファ		
	, FL, FL	/	
If the ling the char	mited liability company is not organized under the laws of the State of Flo age or changes are made, the Florida street address of the registered office	orida, it is herebe and the busine	y confirmed that after ss office of the registered
agent w	ill be identical. Or, in the case of a Florida limited liability company, it is a suthorized by an affirmative vote of the members of the limited liability	s hereby confirm	ned that the change(s)
	les of organization or the operating agreement of the limited liability con		
- John State Company	The of a member or authorized representative of a member	Printed or typed n	CO21
- Lhereb	v accent the appointment as registered agent and agree to act in this cap	acity. I further :	agree to comply with the
provisić the obli	ons of all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 605 by reflect a charge in the registered office address, I hereby confirm that	duties, ánd Lam , F.Ş. Or, if thi	familiar with and accept s document is being filed
to mere notified	ly reflect a charge in the registered office address, I hereby confirm that it writing of this change.	ine timited (tabi	uny company has been
Signatur	of Registered Agent		