## LIGOOOMOOTTO

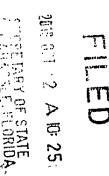
(Red	questor's Name)	
· (Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



400291078994

10/12/16--01014--082 \*\*25.00



**S Warren** OCT 1 2 2016

## **COVER LETTER**

INHS18 (2/14)

TO: Registration Section Division of Corporations
SUBJECT: MARLIN TACTICAL COMMS  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:
RONALD M. LEWIS  Name of Person
MARLIN TACTICAL COMMS Firm/Company
8787 SOUTHSIDE BLVD Apr #1003 Address
JACKSONVIlle FLORIDA 32256  City/State and Zip Code
RONMLEWIS @ HOTMail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RONALD M. LEWIS at (303) 870-1410
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
■ \$25 Filing Fee

## 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

1 10/140	<b>.</b>
1. Na	ame of the limited liability company: MARLIN TACTICAL COMMS
2. (a)	8787 SOUTH SIDE BLUD (b) 8787 SOUGHSIDE BLUD
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	•
	Macksonville, FL 32256 JACKSONVIlle, FL 32256
	AUGUST 26, 2016 L16500166770
3.	Date of filing/registfation in Florida 4. Document number
5. (a)	TYESON H. LEWIS
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	11752 WRetto SQUARE OR
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	JACKSONVILLE , FL 32223
(b)	TACK SUNVILLE , FL 32223  RONALD M. LEW IS  Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	8787 SOWHSIDE BLUD
	NEW Registered Office Address:
	Apr 1003
	JACKSONVILLE, FL 32256
If the li	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha	inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/we	ere 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

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 mereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been