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## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations				
SUBJECT:	Alpha Gun Pros Training LLC  Name of Limited Liability Company				
SCDGECT.					
Dear Sir or M	Madam:				
The enclosed	d Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.		
Please return	n all correspondence concerning thi	is matter to the f	following:		
Casey Hite	е				
	Name of Person		_		
Alpha Gur	Pros Training LLC				
	Firm/Company		_		
7512 Dr. F	Phillips Blvd #50-876				
	Address		_		
Orlando F	I 32819				
	City/State and Zip Code		_		
Casey.hite	e@gundogarmory.com				
E-mail	address: (to be used for future ann	ual report notific	cation)		
For further is	nformation concerning this matter,	please call:			
Kelly Hite		407 at (	928-9468		
	Name of Person	(	Area Code & Daytime Telephone Number		
Regi Divi Clifi 266	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	Reg Div P.O	isitration Section ision of Corporations . Box 6327 ahassee, Florida 32314		
Enc	losed is a check for the following	amount:			
<b>☑</b> \$2	25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy		



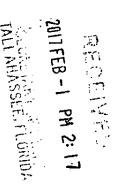
## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 25, 2016

**CASEY HITE** 7512 DR PHILLIPS BLVD #50-876 ORLANDO, FL 32819

SUBJECT: ALPHA GUN PROS TRAINING, LLC

Ref. Number: L16000176959



We have received your document for ALPHA GUN PROS TRAINING, LLC and your check(s) totaling \$25.00. 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 516A00022863

## 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. Na	me of the limited liability company: Alpha Gun Pro	s Tra	ining LLC	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10770 W Colonial Drive		10770 W	V Colonial Drive
	Ocoee FI 34761	_		
	09/22/2016		L1600017	76959
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				_
, ,	Registered Agent and Registered Office shown on the records of the Casey Hite		la Dept. of State	e:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(2)</u>	-
	Ocoee	34761		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office a	ddress:	FCB-1
	NEW Registered Office Address:	<del></del>	·	
	7512 Dr Phillips Blvd #50-876			
	Orlando , FL	32819	)	
the cha agent v was/we the arti Signa I here provisi the obli to mere	imited liability company is not organized under the law inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law interest of a member of a memb	the reg bility of the lin imited ————————————————————————————————————	istered office company, it is nited liability liability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany.  Printed or typed name of signee  activ. I further agree to comply with the

Signature of Registered Agent