

L16000176959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 FEB -1 PM 2:13

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SECRETARY OF STATE
DIVISION OF CORPORATION

FEB 02 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpha Gun Pros Training 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:

Casey Hite

Name of Person

Alpha Gun Pros Training LLC

Firm/Company

7512 Dr. Phillips Blvd #50-876

Address

Orlando FL 32819

City/State and Zip Code

Casey.hite@gundogarmory.com

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

For further information concerning this matter, please call:

Kelly Hite

at (407) 928-9468

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



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

RECEIVED
2017 FEB - 1 PM 2:17
TALLAHASSEE, FLORIDA

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

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DIVISION OF CORPORATIONS
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**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: Alpha Gun Pros Training LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

10770 W Colonial Drive

10770 W Colonial Drive

Ocoee FL 34761

09/22/2016

L16000176959

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:

Casey Hite

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

10770 W Colonial Drive

Ocoee, FL 34761

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

NEW Registered Office Address:

7512 Dr Phillips Blvd #50-876

Orlando, FL 32819

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DIVISION OF CORPORATIONS
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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]
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 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