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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

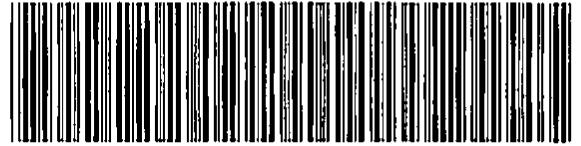
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 09 2018

7.10 PM 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DownRange Security Solutions 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:

M. Smith Tennyson

Name of Person

DownRange Security Solutions LLC

Firm/Company

3480 Kings Road South

Address

Saint Augustine / FL 32086

City/State and Zip Code

stennyson@downrangesecurity, US

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

For further information concerning this matter, please call:

M. Smith Tennyson

at (904) 535-9725

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

August 14, 2019

M. SMITH TENNYSON
3480 KINGS RD S
ST AUGUSTINE, FL 32086

SUBJECT: DOWNRANGE SECURITY SOLUTIONS, LLC
Ref. Number: L18000184223

We have received your document for DOWNRANGE SECURITY SOLUTIONS, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please have a member or authorized representative sign the document.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 319A00016774

RECEIVED

2019 SEP -6 PM 1:18

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: DownRange Security Solutions LLC

2. (a) 1 Willard Drive (b) 1 Willard Drive

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Saint Augustine, FL

32086

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Saint Augustine, FL

32086

08/01/2018

L18000184223

3. Date of filing/registration in Florida

4. Document number

5. (a) M. Smith Tennyson

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1 Willard Drive

Saint Augustine, FL 32086

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

1301 Riverplace Blvd.

NEW Registered Office Address:

Suite 800

Jacksonville, FL 322207

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

M. Smith Tennyson
Printed or typed name of agent

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]
Signature of Registered Agent

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TALLAHASSEE, FLORIDA