LIQUE 103 067

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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COVER LETTER

то:	Registration Section Division of Corporations		
-	Beplay Manufacturing LLC		
SUBJ	ECT:		
	Name	e of Limited L	iability Company
Dear S	Sir or Madam:		
The er	iclosed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the	following:
Flen	a Konter		
,			
	Name of Person	. <u>-</u>	
Bepl	ay Manufacturing LLC		
	Firm/Company		<u> </u>
4694	4 Cahokia Run		
	Address		_
Cres	stview, FL 32539		
	City/State and Zip Code		
info	@suasponteammo.com		
	E-mail address: (to be used for future annu	ual report noti	fication)
For fu	rther information concerning this matter,	please call:	
Elen	a Konter	850	428-0121
		at ()
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	М	AILING ADDRESS:
	Registration Section		egistration Section
Division of Corporations Divis			vision of Corporations
			O. Box 6327
	Clifton Building 2661 Executive Center Circle		Illahassee, Florida 32314
	Tallahassee, Florida 32301	1 6	manassec Florida 52514

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

■ \$25 Filing Fee

Enclosed is a check for the following amount:

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.

	ufacturing L	LC		
4694 Cahokia Run	of the limited liability company:			
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Crestview, Florida 32539		(b)		
15 April 2019		9000103067		
Date of filing/registration in Florida Byron Beplay (a)	4.	Document number		
Registered Agent and Registered Office shown on the records o	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			
Registered Office Address (MUST BE FLORIDA STREET 415 Hatchee Dr.	ADDRESS)	. of State:		
Crestview, F	32536 L_			
Byron Beplay		1.3		
Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address: 4694 Cahokia Run				
Crestview	32539	_ 		
the limited liability company is not organized under the late change or changes are made, the Florida street address of gent will be identical. Or, in the case of a Florida limited ras/were authorized by an affirmative vote of the members articles of organization or the operating agreement of the Signature of amember or authorized representative of a member thereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and complete obligations of my position as registered agent as provided to merely reflect a change in the registered office address, of the control of this change.	of the registered liability compared to act in the limited liability Elena	d office and the business office of the registere my, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Konter Printed or typed name of signee his capacity. I further agree to comply with the		

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