

L19000 103 076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

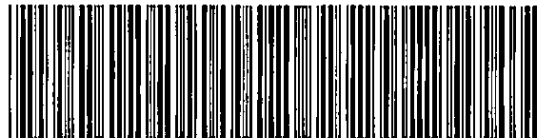
(Business Entity Name)

(Document Number)

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2019 OCT 24 PM 1:40

COVER LETTER

TO: Registration Section
Division of Corporations

Sua Sponte Ammo LLC

SUBJECT: _____
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:

Elena Konter

Name of Person

Sua Sponte Ammo LLC

Firm/Company

4694 Cahokia Run

Address

Crestview, FL 32539

City/State and Zip Code

info@suasponteammo.com

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

For further information concerning this matter, please call:

Elena Konter

850

428-0121

at (_____) _____

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

**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.

Sua Sponte Ammo LLC

1. Name of the limited liability company: 4694 Cahokia Run
2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Crestview, Florida 32539
- (b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Crestview, Florida 32539
- 15 April 2019 L19000103076

3. Date of filing/registration in Florida Byron Beplay
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
415 Hatchee Dr.

Crestview 32536
, FL

Byron Beplay

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

NEW Registered Office Address:
4694 Cahokia Run

Crestview 32539
, FL

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.

Elena Konter

Signature of a member or authorized representative of a member

Elena Konter

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.

Byron Beplay
Signature of Registered Agent

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