## L20000137398

(Requestor's Name)						
(Address)						
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(Addiess)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Linky Name)						
(Document Number)						
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## **COVER LETTER**

	gistration Section vision of Corporations					
SUBJECT	A OK Guns, LLC  Name of Limited Liability Company					
Sebu Ber						
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered C	Office Change and f	ce(s) are submitted for filing.			
Please retur	n all correspondence concerning	this matter to the fo	ollowing:			
Michael A. J	Jones, Jr.					
	Name of Person	-	_			
A OK Guns.	LLC					
	Firm/Company		_			
648 N. Dixio	e FWY					
	Address					
New Smyrna	a Beach, FL 32168					
	City/State and Zip Code	`	_			
aokguns@gr	mail.com					
E-mai	I address: (to be used for future a	nnual report notific	cation)			
For further	information concerning this matt	er, please call:				
Michael A. J	lones, Jr.	570 at (	499-3650			
	Name of Person	*** \	Area Code & Daytime Telephone Number			
Reg Div P.C	niling Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	closed is a check for the followi	ng amount:				
VZ S	/ S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

## 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. N	Same of the limited liability company: A OK Guns, LLC	; 				
2. (a)	648 N Dixie FWY	(þ)	(b)			
(	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Aailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	New Smyyrna Beach, FL 32168	<del></del>	New Smyyma Beach, FL 32168			
	05/20/2020		.200001373	98		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	Michael A. Jones, Jr					
. (.	Registered Agent and Registered Office shown on the records of 10042 State Rd 52	the Florida	Dept. of State	· :		
	Registered Office Address (MUST BE FLORIDA STREET.) Hudson, FL 34669					
	, FL	<b>.</b>				
(1				r *		
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office add	ress:	91 8036		
	648 N Dixie FWY			16		
	NEW Registered Office Address:			<del></del>		
	New Smyrna Beach			1 U		
		32168				
changagent was/vt/Offr  Eight  I her provi. the old to me notification.	limited liability company is not organized under the law go or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticlos of organization or the operating agreement of the stature of a member as accept the appointment as registered agent and agreeins of all statutes relative to the proper and complete poligations of my position as registered agent as provided refly reflect a finange in the registered office address. It is a financial this cyange.	registered ability corol the limited l	I office and appany, it is ted liability com white comments are the controlled to th	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  A. Jones The Printed or typed name of signee  city. I further agree to comply with the puties and Lam familiar with and accept		