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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 315 Tactical 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:

Sheila Albelo

Name of Person

Firm/Company

904 Milan Ave.

Address

Coral Gables, FL 33134

City/State and Zip Code

salbello@yahoo.com

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

For further information concerning this matter, please call:

Sheila Albeto

at (305) 632-8234

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303**

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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GOVERNMENT OF FLORIDA
TALLAHASSEE, FL

**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.

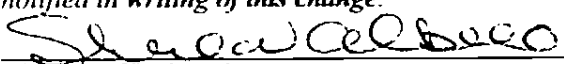
1. Name of the limited liability company: 315 Tactical LLC
2. (a) 904 Milan Ave. Coral Gables, FL 3334
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) 904 Milan Ave. Coral Gables, FL 33134
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
3. 03/04/2021
Date of filing/registration in Florida
4. L21000105237
Document number
5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
UNITED STATES CORPORATION AGENTS, INC.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
904 MILAN AVE.
Coral Gables, FL 33134
- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Sheila Albelo
NEW Registered Office Address:
904 Milan Ave.
Coral Gables, FL 33134

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STATE
TALLAHASSEE, 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.

 Amado Albelo
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