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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE **GUNSMITHING & MOORE, LLC**

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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.	Na	me of the limited liability company: Gunsmit	ning a	& Moo	re, LLC	
2. (a	1)		(t))		
,		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
					2.40=204	
		11/19/21		L2100	0497624	
3.		Date of filing/registration in Florida	4.		Document number	
5. (a)	INC AUTHORITY RA			_	
		Registered Agent and Registered Office shown on the records o	e:			
		390 NORTH ORANGE AVE., STE 23	-			
		Registered Office Address (MUST BE FLORIDA STREET				
		ORLANDO , F	_L 3280	1	202	
(b)	Registered Agents Inc	FILED				
		Enter name of NEW Registered Agent and/or NEW Registere	SEE I FA			
		7901 4th St N	PA ED			
		NEW Registered Office Address:				
		STE 300			- · · · · · · · · · · · · · · · · · · ·	
		St. Petersburg	L_33702	2	_	
the cagen	cha it v (we	imited liability company is not organized under the lange or changes are made, the Florida street address civil be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regi liability co of the lin	stered offic- ompany, it i nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in	
		Rilm, Pak	Ril	ey Park		
_		ture of a member or authorized representative of a member			Printed or typed name of signee	
prov the c to m	risi obl ere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complet igutions of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change. Bill Havre - Assista	e perform led for in l I hereby c	iance of my Chapter 602 confirm that	duties, and 1 am familiar with and accept 5. F.S. Or, if this document is being filed	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent