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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2022 AUG 15 PH 4: 30

2022 AUG 15 PH 4:



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

AE:

Date: August 11, 2022

Florida Department of State

1960

Cori Ann Crosthwaite

1825671 REFERENCE:

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX: 850-687-6381

PLEASE PERFORM THE FOLLOWING:

WE GOT ARMS SECURITY LLC

File Change of Registered Agent

IN: FL

TO:

PLEASE RETURN:

PLEASE CALL (800)533-7272 ATTN: Cori Ann Crosthwaite TO CONFIRM FILING RESULTS

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

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.

2. (a)			(b)		
	Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)		(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)		
	3813 ARBOR DR		3813 ARE	BOR DR	
	TALLAHASSEE, FL 32303		TALLAHA	ASSEE, FL 32303	
	_04/.15/2022		L220001	58289	
3.	_04/15/2022 Date of filing/registration in Florida	4.	l	Document number	
	MCCOY, LINDA F Registered Office Address (MUST BE FLORIDA STREE	TADDRE	SSI	~	
	3813 ARBOR DR	323		022 AUG	
(b)	TALLAHASSEE		03	022 AUG 15 PM	E
(b)		rL	03	G 15 P	ختان ختان
(b)	TALLAHASSEE	rL	03	022 AUG 15 PM 4: 33	2
(b)	TALLAHASSEE Enter name of NEW Registered Agent and/or NEW Registe Rocket Lawyer Corporate Services LLC	rL	03	022 AUG 15 PM 4: 33	E

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.

Signature of a member or authorized presentative 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.

ASST SECRETARY Rocket Lawyer Corporate Services LLC Signature of Registered Agent