## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000025485 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC REGISTERED AGENT CHANGE **2A FIREARMS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABICITY 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.

a)	6618 State Hwy 2 East		(b) 6618 State	Hwy 2 East		
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	N	Mailing address of limited liab (Note: MAY BE POST OF	•	
	Westville, FL 32464		Westville,	FL 32464		<u> </u>
	01/04/2023		L230000099	Н		
	Date of filing/registration in Florida	4.		Document number		
a)	LEGALINC CORPORATE SERVICES INC.					
	Registered Agent and Registered Office shown on the records o  476 Riverside Ave.	f the Fla	rida Dept. of State	:		
	Registered Office Address (MUST BE FLORIDA STREET			SEURE T <b>ALL</b>	2024 JAN	40
	Jacksonville , F	L_3220	2	AF	_	E .
<b>5</b> )	Corporate Creations Network Inc.			ASSE	9 A	? <b>[</b> *
•	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:	in <sub>o</sub>	وي ـ	ą.
	801 US Highway 1				<b>671</b>	
	NEW Registered Office Address:					

Kristen Espinai	Ly
-----------------	----

Kristen Espinales, Attorney-in-Fact

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.

Kristen Espinales Kristen Espinales, Special Secretary

Signature of Registered Agent