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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Dodament Hamber)					
Certified Copies Certificates of Status					
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J. SAULSBERRY EXAMINER JUN 22 2011

COVER LETTER

TO: Registration Section Division of Corpora						
SUBJECT:			RD GEAF			
	Name of	f Limited L	iability Cor	npany		
Dear Sir or Madam:						
The enclosed Registered Ag	gent/Registered	l Office Ch	ange and fee	e(s) are submitte	ed for filing.	
Please return all correspond	ence concernir	ng this matt	ter to the fol	lowing:		
GREGO	RY WHITTLE					
Name o	of Person					
	RD GEAR, LI	LC				
Fim ₁ /C	ompany				7A:	
					2011 JUN 20 PH 12: 57 SECRETARY OF STATE TALLAHASSEE. FLORID	****
3810 ST JOHNS PARKWAY						***
Addı	ess	•			SE YES	
						Ĭ
SANFOR	D, FL 32771				15 E	•
City/State and Zip Code				三型 :5		
					777	
GWHITTLE@BGSA	FETYPRODU	ICTS.COM	<u>/</u>			
E-mail address: (to be used for	future annual repor	t notification)				
For further information con-	cerning this ma	atter, please	e call:			
GREGORY WH	ITTLE	at (4	107)	878-58	390	
Name of Person			Area Cod	le & Daytime Telepho	one Number	
STREET/COURIER	ADDRESS:		MAILING	ADDRESS:		
Registration Section		,	Registration			
Division of Corporation	ons		-	Corporations		
Clifton Building			P.O. Box 6.			
2661 Executive Center			Tallahassec	, Florida 32314		
Tallahassee, Florida 32	2301					
Enclosed is a check	for the follow	ing amoui	nt:			
\$25 Filing Fee		Γ	\$55 Filing	g Fee & Certifie	d Copy	

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:	BODY GUARD GEAR, LLC			
2. (a) Principal office address of limited liability compa	0040 OT 101NO DADIONAY			
(Note: MUST BE STREET ADDRESS)	SANFORD, FL 32771			
(b) Mailing address of limited liability company:	3810 ST JOHNS PARKWAY			
(Note: MAY BE POST OFFICE BOX)	SANFORD, FL 32771			
07/19/2010	M1000001240			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:			
Registered Agent:	PARACORP INCORPORATED			
Registered Office Address:	236 EAST 6TH AVENUE TALLAHASSEE, FL 32303			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	20 Z			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3810 ST JOHNS PARKWAY 5			
	SANFORD ,FL32771			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as often or the operating agreement of the limited liability company.	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote nerwise provided in the articles of organization			
Signature of a member or authorized representative of a member	_			
GREGORY WHITTLE Printed or typed name of signee				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familial with and accept the obligations of my Chapter 608, H.S. Or, If this document is being filed to address, I hereby confirm that the limited liability compo	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.			

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

INHS18 (05/08)