

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Consideration to Ellips Officer						
Special Instructions to Filing Officer:						

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TILE III

Ra Change

COVER LETTER

TO: Registration Section Division of Corporations						
Bulova Technologies Machi	inery, LLC					
	ne of Limited	l Liabi	lity Company			
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	ice Change a	ınd fee	(s) are submitted for filing.			
·	_		•			
Please return all correspondence concerning th	is matter to t	ne ion	owing:			
Ann Marie Rock						
Name of Person						
Tranian Managament I D						
Tropico Management, LP						
Firm/Company						
1023 Market Street, Suite 1						
Address						
Christiensted, St. Croix USVI 00820			•	Z,Ā	هبد	
City/State and Zip Code					A0% 7	J
arock@tropicomgmt.com			•	影	 	•
E-mail address: (to be used for future ann	ual report no	tificat	ion)		-10	
For further information concerning this matter,	please call:				15. C	
Ann Marie Rock	340 at ()	719-6700 x 119	••	المحاورة المحسور	
Name of Person	_ *** (A	rea Code & Daytime Telephon	e Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	I I	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314			
Enclosed is a check for the following	amount:					

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

2 \$25 Filing Fee

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:	Bulova Techno	ologies	Machine	ry, LLC
2. (a)	12645 49th Street North		(b	12645 4	9th Street North
۷. (<i>u)</i> .	Principal office address of limited liabil (Note: MUST BE STREET ADI		_ (0		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Clearwater, FL 33762-4600		_	Clearwa	ter, FL 33762-4600
				_		
		July 22, 2013			M130000	04749
3.		Date of filing/registration in F	lorida	4.		Document number
5. ((a)	Stephen L Gurba				
J. ,	(4)	Registered Agent and Registered Office shown	on the records of the	e Florida	Dept. of State	2
		2409 Falkenburg Road				
		Registered Office Address (MUST BE FLO	PRIDA STREET AL	DDRESS	2	
			 -			
		Tampa	, FL_	33619		70 -
(b)	Stephen L Gurba				SECULAR TI
(Enter name of NEW Registered Agent and/or	NEW Registered O	Office ad	dress:	
		12645 49th Street North				79
		NEW Registered Office Address:	•			12: 31
			uno o	-		
		Clearwater	, FL_3	3762-	4600	
the cager was the a Sign I he prove the common tip	chant w we write gnature gnatu	rill be identical. Or, in the case of a Flore authorized by an affirmative vote of cles of organization or the operating agreement of a member or authorized representative of	reet address of the brida limited liab the members of the limited liab a member agent and agree and complete part as provided lice address, I he	he regis bility co the lim mited l	stered office ompany, it is ited liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in