## M1800000 4912

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 SECRETARY OF STATE

 MALLAHASSEE, FLORIDA

1426

## COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: \_\_\_\_\_

.

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Crouch

Name of Person

PACEM Defense, LLC

Firm/Company

4700 Providence Road

Address

Perry, FL 32347

City/State and Zip Code

## brian.crouch@pacem-defense.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Crouch	850 838-8455 at ()	
Name of Person	Area Code & Daytime Telephone Numbe	
STREET/COURIER ADDRESS	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the follow	ing amount:	
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

## 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.

4700 Providence Road	(b)	me
Principal office address of limited liability compan ( <u>Note: MUST BE STREET ADDRESS</u> ) Perry, Florida 32347		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
05/21/2018	M18	000004912
Date of filing/registration in Florida	4.	Document number
Michael Quesenberry		
Registered Agent and Registered Office shown on the reco	ords of the Florida Dept.	of State:
115A Drew Street		
Registered Office Address ( <u>MUST_BE_FLORIDA_STR</u>	<u>(EET_ADDRESS)</u>	SECH .
Perry	FL_32347	MHISSEE, F
Brian Crouch		mo - ·
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	stered Office address:	OR 9
4700 Providence Road		0 A C
<u>NEW</u> Registered Office Address:		
Perry	FL 32347	
imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limit and the identical by an affirmative vote of the member cles of organization or the operating agreement of	ess of the registered ted liability compan bers of the limited li of the limited liabilit	office and the business office of the regis y, it is hereby confirmed that the change(s ability company or as otherwise provided
ure of a member or authorized representative of a member		Printed or typed name of signce

ce address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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