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DARACK 5210 U Kry U 334	equestor's Name) 13 E GUN 5 HWY 1 1854 FL.	15
PICK-UP	ty/State/Zip/Phone	e#) MA3L
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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TALLASASSES FLORIDATE

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
the undersigned corporation organized under the laws of the State of Flokick submits the following statement in order to change its registered office or registered agent, or both, in	
$A = C_{i-1} = A + C_{i-1}$	
1. The name of the corporation: PAPACISK GUNS & AMMO UNC.	
2. The mailing address of the corporation: 52/0 US Hwy1 Kry WEST T.	_
3. Date of incorporation/qualification: 766. 13, 2002 Document number: Po 2000 Ha6 3	Ł
4. The name and address of the current registered agent and registered office:	
Paul Smith AIA Corp SERVICES	
6538 Collins Que, Suite 451 E. 0	
Mianie Brach, 131, 33141 & & 7	
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):	
(P.O. Box NOT Acceptable)	
DONNIE K. Hampton	
33 E. Cahill (1.	
DIG PINE RELL 11. 330.43	-
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
(Signature of an officer, chairman or vice chairman of the board) (Date) 3	
BONNIE K. Hampton (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.	
Ronnie K. Hampton Guly 24-03 (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	
/	

* *.* FILING FEE: \$35.00 * * *