

PD2000059069

From: Origin ID: SRQA (941)366-8100
Bonnie Quigley
ICARD, MERRILL, CULLIS, ET AL
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

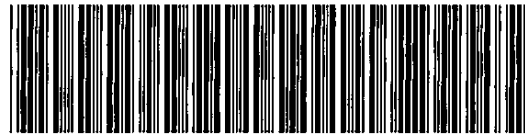
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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
07 AUG 31 AM 9:30

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AMERICAN GUN CABINET, INC.
2. The principal office address: 7660 SANDERLING ROAD, SARASOTA, FLORIDA 34242
3. The mailing address (if different): P.O. Box 25068, Sarasota, Florida 34277
4. Date of incorporation/qualification: 05/29/2002 Document number: P02000059069
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Darrin Fedder

7660 SANDERLING ROAD, SARASOTA, FLORIDA 34242

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Richard S. Webb, IV, Esq.

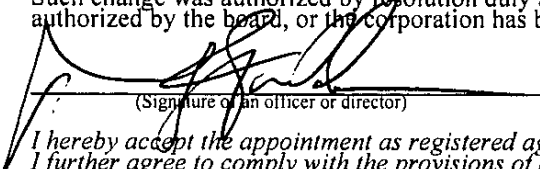
c/o Icard, Merrill, et al - 2033 Main Street, #600

(P.O. Box NOT acceptable)

Sarasota, FL 34237

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, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Darrin Fedder, Director

(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

6/7/07
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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