

PO4000080065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

MAR 29 2016  
C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2016

USMAN BASHIR / CSI ARMORING INC  
110 SUNRISE CENTER DR  
THOMASVILLE, NC 27360 US

SUBJECT: CSI ARMORING INC.  
Ref. Number: P04000080065

We have received your document for CSI ARMORING INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 116A00004863

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CSI Armoring Inc,  
Name of Corporation

**DOCUMENT NUMBER:** P04000080065

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Usman Bashir

Name of Contact Person

CSI Armoring Inc,

Firm/Company

110 Sunrise Center Dr.

Address

Thomasville NC, 27360

City/State and Zip Code

oz.bashir@csiarmoring.com

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

For further information concerning this matter, please call:

Usman Bashir

Name of Contact Person

at ( 336 ) 313-8561

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: CSI Armoring Inc.
2. The principal office address: 110 Sunrise Center Dr.  
Thomasville, NC 27360
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/29/2016 Document number: P0400008065
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Usman Bashir

14831 S.W. 84th Terr

Miami, FL 33193

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

Usman Bashir

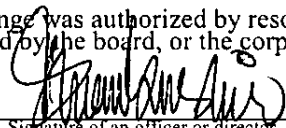
14831 S.W. 84th Terr

P.O. Box NOT acceptable

Miami, FL 33193

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

Usman Bashir, President

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

\_\_\_\_\_  
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 (03/12)

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DIVISION OF CORPORATIONS  
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