P05000052196

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PICK-UP	☐ WAIT	MAIL
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Certified Copies Certificates of Status		of Status
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Special Instructions to	Filing Officer:	
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CA. Charge C.COULLIETTE MAR 01 2010 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LIBERTY AMOUNTAIN TIME Name of Corporation
DOCUMENT NUMBER: 40500052196
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:
Corinne Schroeder
Name of Contact Person
Liberty Ammunition Inc
2325 Ulmerton RD Sulte 14
Cleur worter FL 33762 City/State and Zip Code
Cornneschroudera liberty ammo. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (727) 686 6183 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Liberty Ammonition FnC
2. The principal office address: 2325 () Ulmerton 2D Stite 14
Clearwater FL 3376Z
3. The mailing address (if different):
4. Date of incorporation/qualification: 44 2005 Document number: \$\frac{90500052196}{2005}\$
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)
James L. Hunter, P.A.
1393 Pasadena Ave South
South Pasadena Fl 33707 Piss 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corinne Schrocker # = 1
2325 Ulmerton RD Soite 14
P.O. Box NOT acceptable P.O. Box NOT acceptable P.O. Box NOT acceptable
THURWIGH FL 33702
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 comporation has been notified in writing of the change.
Dreat WILL
Signature of an officer or director Printed or typed name and title I hereby accept the appointment as registered agent and agree to act in this canacity.
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.
2/23/10
Signature of Registered Agent Date
If signing on behalf of an entity:
Cornne Schroeder Typed or Printed Name

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

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