

PD5000052196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

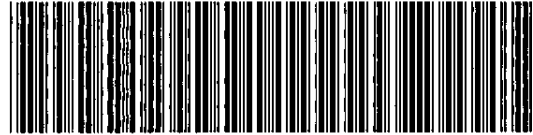
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

7-2-11

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Liberty Ammunition, Inc.  
Name of Corporation

DOCUMENT NUMBER: PO5 000052196

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:

Julia Schroeder  
Name of Contact Person

Liberty Ammunition, Inc.  
Firm/Company

2325 Ulmerton Rd. Suite 14  
Address

Clearwater, FL 33762  
City/State and Zip Code

Julia @libertyammo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia Schroeder at ( 727 ) 239-7262  
Name of Contact Person 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: Liberty Ammunition Inc.  
2. The principal office address: 2325 Ulmerton Rd, Suite 14  
Clearwater, FL 33762  
3. The mailing address (if different): 4404 Loose

4. Date of incorporation/qualification: 4/07/2006 Document number: P05000062196

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)

Corinne Schroeder  
2325 Ulmerton Rd. Suite 14  
Clearwater, FL 33762

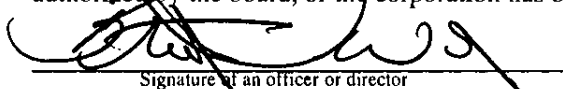
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

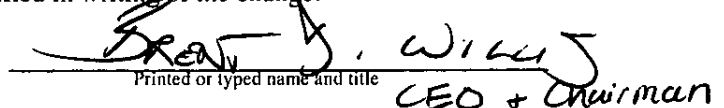
Julia Schroeder  
2325 Ulmerton Rd. Suite 14  
Clearwater, FL 33762  
P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

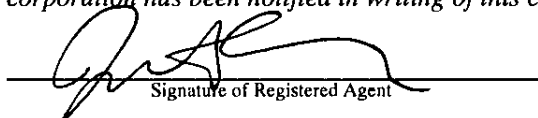
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

  
Printed or typed name and title  
**CEO + Chairman**

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

7/11/2011  
Date

If signing on behalf of an entity:

Julia Schroeder  
Typed or Printed Name

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