

P05000052196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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11 OCT 25 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAM
10/25/11

TO: Amendment Section
Division of Corporations

SUBJECT: Liberty Ammunition, Inc.
Name of Corporation

DOCUMENT NUMBER: PD5000052196

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:

Brent Willis
Name of Contact Person

Liberty Ammunition, Inc.
Firm/Company

2325 Ulmerton Rd., Suite 14
Address

Clearwater, FL 33762
City/State and Zip Code

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

For further information concerning this matter, please call:

Gail Solivan at (727) 239-7252
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2011

PJ MARX
2325 ULMERTON RD., STE 14
CLEARWATER, FL 33762

SUBJECT: LIBERTY AMMUNITION INC.
Ref. Number: P05000052196

We have received your document for LIBERTY AMMUNITION INC. and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 711A00020419

**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 Ammunition, Inc.
2. The principal office address: 2325 Ulmerton Rd., Suite 14
Clearwater, FL 33762
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P05000052196
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)
resigned

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TALLAHASSEE, FLORIDA

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

Brent Willis
2325 Ulmerton Rd., Suite 14
P.O. Box NOT acceptable
Clearwater, FL 33762

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]
Signature of an officer or director

BRENT WILLIS CEO
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]
Signature of Registered Agent

10/5/11
Date

If signing on behalf of an entity:

BRENT WILLIS
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