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| Special Instructions to                 | Filing Officer:    |      |
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT: Diplomatic Tactical Services (Name of Corporation)  |  |  |  |
|--|--|--|--|
| DOCUMENT NUMBER: P0500057114   |  |  |  |
| 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:  |  |  |  |
| Cara Schaffer (Name of Contact Person)   |  |  |  |
| Diplometic Tartical Services Inc<br>(Firm/Company)   |  |  |  |
| 15830 113th Trail Wolth (Address)  |  |  |  |
| Jupiter FL 33478 (City/State and Zip Code)   |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |
| Cara Straffer at (954) 933-6965  (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  Street Address: Amendment Section Division of Corporations Clifton Building |  |  |  |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of change is submitted for a corporation organized under the laws of the State of S |
|--|
| in order to change its registered office or registered agent, or both, in the State of Florida.  |
| 1. The name of the corporation: Diplometic Tactical Services Inc.  |
| 2. The principal office address: 15830 1134h Trail North   |
| Jupiter Florida 33478  |
| 3. The mailing address (if different): Same  |
| 4. Date of incorporation/qualification: 419/05 Document number: PO 50000 57114   |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:   |
| Cara Schaffer  |
| 9940 Sw 14th St  |
| Pembroke Pines, FL 33025   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| _Cara Schaffer = = = = = = = = = = = = = = = = = = =   |
| 15830 1134h Trail Worth 87 8 8 9 8 9 8 9 8 9 8 9 8 9 8 9 8 9 9 8 9   |
| Jupiter, FL 33479  |
| The street address of its registered office and the street address of the business office of its registered thent, 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)  (Signature of an officer or director)  (Printed or typed name and title)  |
| (Signature of an officer of director)  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 accument 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.  |
| an Self 9/23/08  |
| (Signature of Registered Agent) (Date)  If signing on behalf of an entity:   |
|  |
| (Typed or Printed Name)  |

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