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(Requestor's Name) (Address) (Address)	5000 <u>8</u> 2847185
(City/State/Zip/Phone #)	12/29/0601020001 **70.00
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Black Ops Performance, Inc

(Name of Corporation)

DOCUMENT NUMBER:_P05000158067

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:

Nicholas Smith

(Name of Contact Person)

Black Ops Performance, Inc

(Firm/Company)

PO Box 23 8433

(Address)

COCOA FL 32923-8433

(City/State and Zip Code)

For further information concerning this matter, please call:

. .

Nicholas Smith (Name of Contact Person) at (407) 758-2061 (Area Code & Daytime Telephone Number)

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

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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

CR2E045 (8/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Ryan Wilhelm	, hereby resign as Pre	sident, Secretary	
~~		(Title)	_
of Black Ops Performance	, Inc	,	
·	(Name of Corporation)	·	
P05000158067	, a corporation organized under t	he laws of the State of	
(Document Number, if known	n)		
Florida		****	
		OĠ DEC 29 SECRETARY ALLAHASSE	η
		C 29 TAR TASS	
fic.	(Signature of resigning officer/director)		с П
		10A	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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