

905000158067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

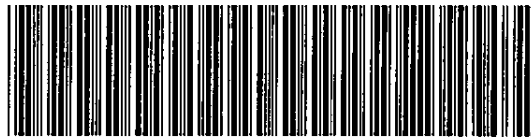
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/29/06--01020--001 **70.00

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06 DEC 29 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA CHW
12-29-06

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

In accordance with 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: Black Ops Performance, Inc
2. The principal office address: 4793 Fairsun Ave Cocoa, FL 32927
3. The mailing address (if different): PO Box 23 8433 COCOA FL 32923-8433
4. Date of incorporation/qualification: 12/1/15 Document number: P05000158067
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Ryan Wilhelm

12139 Waterstone Ct 716

Orlando, Florida 32825

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

John Stagnitta

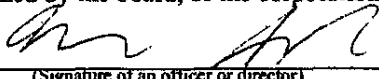
4793 Fairsun Ave

(P.O. Box NOT acceptable)

Cocoa, FL 32927

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

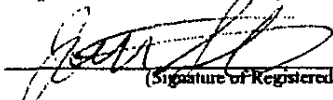
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Nicholas Smith

(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 of Registered Agent)

10/23/06

(Date)

If signing on behalf of an entity:

John Stagnitta

(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

CR2E045 (8/05)

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