

P090000019274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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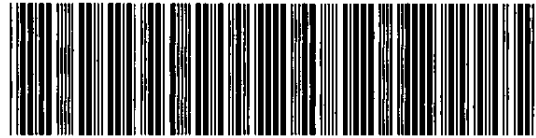
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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T. Roberts APR 20 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH FLORIDA DEFENSIVE FIREARMS TRAINING INSTITUTE, INC
(Name of Corporation)

DOCUMENT NUMBER: P09000019274

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:

LARRY WINER
(Name of Contact Person)

SOUTH FLORIDA DEFENSIVE FIREARMS TRAINING INSTITUTE, Inc
(Firm/Company)

1126 SOUTH FEDERAL HIGHWAY - SUITE 124
(Address)

FORT LAUDERDALE, FL 33316
(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY WINER at (954) 295-2878
(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: SOUTH FLORIDA DEFENSIVE FIREARMS TRAINING INSTITUTE INC.
2. The principal office address: 1126 SOUTH FEDERAL HIGHWAY - SUITE 124
FORT LAUDERDALE, FL 33316
3. The mailing address (if different): _____

4. Date of incorporation/qualification: MAR 2, 2009 Document number: P09008019274
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)

LARRY WINER
4175 NORTH PINE ISLAND ROAD
SUNRISE, FL 33351

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

1126 SOUTH FEDERAL HIGHWAY - SUITE 124
(P.O. Box NOT acceptable)
FORT LAUDERDALE, FL 33316

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)

LARRY WINER, PRES
(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)

APRIL 14, 2009
(Date)

If signing on behalf of an entity:

(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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