

P09000019274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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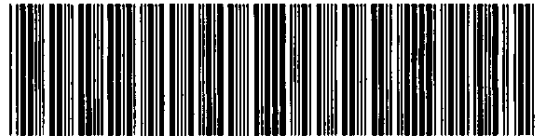
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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R.A.

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NOV 30 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** South Florida Defensive Firearms Training Institute  
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

Firm/Company

3350 NE 33rd Avenue

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

rabbilar@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Winer

Name of Contact Person

at (

954

)

295-2878

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 \_\_\_\_\_ 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: 3350 NE 33rd Avenue, Fort Lauderdale, FL 33308

3. The mailing address (if different): P O Box 480285, Fort Lauderdale, FL 33348

4. Date of incorporation/qualification: March 2, 2009 Document number: P09000019274

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**

**1126 South Federal Highway - Suite 124**

Fort Lauderdale, FL 33316

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

**Larry Winer**

**3350 NE 33rd Avenue**

P.O. Box NOT acceptable

**Fort Lauderdale, FL 33308**

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.

Stacy Wina  
Signature of an officer or director

**Becky Winer, Sec/Treas.**

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

November 20, 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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