## P16000035908

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
,		

Office Use Only



400287505414

07/22/16--01012--009 \*\*35.00

2816 JUL 22 AM 1: UU

AUG 0 1 2016
C. CARROTHERS

July 15, 2016

## **VIA US MAIL**

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

Re: Florida Armoring Corporation

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35.00 CORP \$ 25.00 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Candice Callins

REGISTERED AGENT SOLUTIONS, INC.

1701 Directors Blvd., Suite 300

Austin, TX 78744

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: FLORIDA ARMORING CORPORATION

Name of Corporation

DOCUMENT NUMBER: P160000359

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:

**Candice Callins** 

Name of Contact Person

Registered Agent Solutions, Inc

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

thalia@housing100.com

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

For further information concerning this matter, please call:

Candice Callins

,888 \705-7274

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: FLORIDA ARMORING CORPORATION
2. The principal office address: 1221 BRICKELL AVENUE 900 MIAMI, FL 33131
3. The mailing address (if different): 2910 HOLMES RD 900 HOUSTON, TX 77051
4. Date of incorporation/qualification: 05/09/2016 Document number: P16000035908
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)
Amin M. Ahmad
17202 KEELY DR
TAMPA, FL 33647  Tampa, and street address of the new registered count (if shapped) and for registered office.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Registered Agent Solutions, Inc.
Registered Agent Solutions, Inc.
155 Office Plaza Dr. Suite A
P.O. Box NOT acceptable
Tallahassee, FL 32301
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.
Amin M Ahmad, President
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.  Signatore of Registered Agent  If signing on behalf of an entity:  Jaclyn Wright, Asst. Secretary
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)