

P200000 43273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

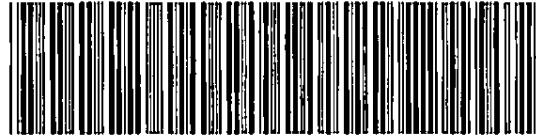
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AUG 07 2020  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WOLF TACTICAL, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P20000043273

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:

Caroline McKeon  
Name of Contact Person  
DreamWeb Office, Inc.  
Firm/Company  
10106 Courtney Oaks Circle, Unit 203  
Address  
Tampa, FL 33619  
City/State and Zip Code  
what@jinkles.com

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

For further information concerning this matter, please call:

Caroline McKeon at ( 813 ) 988-7772  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Wolf Tactical, Inc.
2. The principal office address: 6010 1/2 Murrhee Road  
Tampa, FL 33619
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: June 09, 2020 Document number: P20000043273
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)

John D. Dixon

1902 Blue Sage Court

Brandobn, FL 33511

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

John D. Dixon

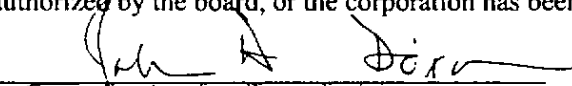
6010 1/2 Murrhee Road

P.O. Box NOT acceptable

Tampa, FL 33619

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

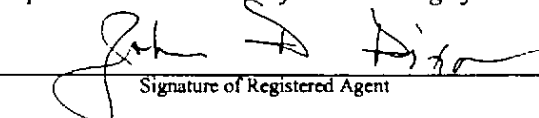
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

John D. Dixon, President

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

June 16, 2020

Date

If signing on behalf of an entity:

John D. Dixon, President and Registered Agent

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 (04/13)