849480

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ACCOUNT NO. : 12000000195 REFERENCE : 465586 7308771 AUTHORIZATION COST LIMIT : ORDER DATE: January 19, 2015 ORDER TIME: 4:28 PM ORDER NO. : 465586-005 CUSTOMER NO: 7308771 CHANGE OF AGENT NAME: HIT PROMOTIONAL PRODUCTS, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Courtney Williams EXAMINER'S INITIALS:

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

	ange is submitted for a corpo er to change its registered of	-	- · ·	-		_	
1. The name of	the corporation: HIT PROMO	OTIONAL PRODUCTS	, INC.				
	l office address: 7150 BRYA						
3. The mailing	address (if different):						
4. Date of incor	poration/qualification: 6/19/	/1981 Doc	ument numb	er: <u>849480</u>			
	d street address of the curren rtment of State: (If resigned,		egistered offi	ce on file with t	the		
	Fowler White Boggs Bank	er P.A.					
	501 E. Kennedy Blvd., Sui	te 1700			*** (* *		
	Tampa	-	FL 3360	02		رب 25	
6. The name and (if changed):	d street address of the new re	gistered agent (if chan	ged) and /or r	registered office		JAN 21	F
	Corporation Service Comp	any				3	₹,
	1201 Hays Street					t: 0	
		P.O. Box NOT acceptable				=	
	Tallahassee		FL 3230)1 			
	ess of its registered office ar be identical.					jent,	
Such change was authorized by the	as authorized by resolution on the board, or the corporation	duly adopted by its boa has been notified in w	ard of directoriting of the	ors or by an offi change.	cer so		
 -	2 Juny	<u> </u>	IRY D.	MEADO	کام	_	
perjormance of agent Or if th	e appointment as register to comply with the provision my duties, and I am familia is document is being filed methal the corporation has be Selvice Gompany	red agent and agree to ns of all statutes relati ir with and accept the verely to reflect a chan en notified in writing (act in this cove to the propobligation of ge in the reg	apacity. per and comple my position as istered office ac ist.	te registered	,	
By:// le	HIII (LL)	Judith Re Assistant Sec	yes vetarv 	19/15		_	
	thalf of an entity:	Assistant So	jioury [vate (
	yped 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 (03/12)