Florida Department of State Division of Corporations Public Access System

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: C T CORPORATION SYSTEM Account Name

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REGISTERED AGENT CHANGE

THREE JOHNS COMPANY

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CT SYSTEM

312 345 4344 P.03

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

	hange is submitted for a corporation organized under the laws of the State der to change its registered office or registered agent, or both, in the State		
1. The name of i	f the corporation: AMERICAN SPORTSMAN HOLDINGS CO.		
2. The principal	al office address: 2500 E. KEARNEY, SPRINGFIELD, MISSOURI 65898		
3. The mailing a	address (if different):		
4. Date of incom	orporation/qualification: 01/26/2000 Document number: F000	00000556	
5. The name and	and street address of the current registered agent and registered office on file partment of State:	with the	
	NICK MULICK, ESQ.		
	91645 Overseas Highway	_	
	TAVERNIER, FLORIDA 33070		
6. The name and (if changed):	and street address of the new registered agent (if changed) and for registered):		
	C T CORPORATION SYSTEM	3	
	1200 SOUTH PINE ISLAND ROAD	<u>့</u>	
	(P.O. Box NOT acceptable)		
The street addre	PLANTATION, FLORIDA 33324 lress of its registered office and the street address of the business office ill be identical.	of its registered agent,	
	m or identical. was authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.		
. ,	Million of the affects of director) TONI M. MILLER, VICE PRI	कार्य (१३८)	
CITCORPG	pt the appointment as registered agent and agree to act in this capacity, e to comply with the provisions of all statutes relative to the proper and and I am familiar with and accept the obligation of my position as regis seing filed merely to reflect a change in the registered affice address, I h as been notified in writing of this change. PQRATION SYSTEM	complete performance tered agent. Or, if this ereby confirm that the	
By:	Signature of Registered Agent) (Date)	1, 2006	
CO:	behalf of an entity: ONNOTE BRIAN COMMEDIAN STREET	_	
(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)