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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088 4/9/18 Date:__ **KEN HOWELL** Name: C021604 Reference #:___ Entity Name: BARRETTE OUTDOOR LIVING, INC. Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent Reinstatement ISSUES - CALL KEN @ Conversion 518-213-0738 Merger] Dissolution/Withdrawal Fictitous Name Other _____

+1,212.947.7200

Authorized Amount:

Signature: -

\$35.00

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

statement of change is s	ubmitted for a corporation or	0502, 607.1508, or 617.1508, Florid ganized under the laws of the State o gistered agent, or both, in the State o	f. Ohi	his <u>O</u>
1. The name of the corp	oration: BARE	RETTE OUTDOOR LIV	ING IN	<u>C.</u>
2. The principal office a	ddress:reeway Circle		ОН	44130
	(if different):			
	rth Main Street	Bulls Gap	TN_	37711
4. Date of incorporation	/qualification: February 2	7, 2003 Document number:	F030000	00995
	address of the current registere of State: (If resigned, enter resi	ed agent and registered office on file igned)	with the	
Corporation Service Company				201
1201 Hays Street				2018 AFG
	Tallahassee, F	FL 32301-2525		6- (6-
(if changed):	address of the new registered a	agent (if changed) and /or registered	office	# J
	5 North Calhoun S			
Tal	P.O. Box lahassee, FL 32	NOT acceptable		
The street address of it as changed will be ide	s registered office and the str	reet address of the business office of	f its register	ed agent,
Such change was authorized by the boar	orized by resolution duly adop d, or the corporation has been	pted by its board of directors or by a i notified in writing of the change.	an officer so)
/S/ Gary Kohagen		Gary Kohagen	Secreta	iry
I hereby accept the ap I further agree to com	pointment as registered agent ply with the provisions of all s ies, and I am familiar with a	t and agree to act in this capacity, statutes relative to the proper and cond accept the obligation of my posit reflect a change in the registered of the writing of this change,	omplete ion as regis	tercd s, I
/S/ Sean Honan Signature of Registered Agent		4/9/2018		
If signing on behalf of	<u>.</u>			

Sean Honan, Assistant Secretary

Typed or Printed Name

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