## F030000995

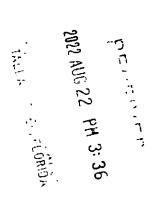
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A. BUTLER ANG 23 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 895445 7918422						
AUTHORIZATION: Spulle man						
COST LIMIT : \$ 35.00						
OTDER DATE . Averat 10 2022						
ORDER DATE : August 19, 2022						
ORDER TIME : 1:51 PM						
ORDER NO. : 895445-044						
CUSTOMER NO: 7918422						
CHANGE OF AGENT						
NAME: BARRETTE OUTDOOR LIVING, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY  XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker						
EXAMINER'S INITIALS:						

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

statement of cha	provisions of sections 607.0502, 617 inge is submitted for a corporation o r to change its registered office or r	organized under the law	es of the Stat	e of OH	······
1. The name of t	the corporation: BARRETTE OUTDO	OOR LIVING INC.			
2. The principal	office address: 7830 FREEWAY CI	RCLE MIDDLEBURG	HEIGHTS, (	OH 44130	
3. The mailing a	ddress (if different): 740 N. MAIN S	T. BULLS GAP, TN 37	7711		
4. Date of incorp	poration/qualification: 02/27/2003	Document r	number: F0	3000000995	
	I street address of the current registe timent of State: (If resigned, enter re		d office on ti	ile with the	
	COGENCY GLOBAL INC.		_		
	115 N CALHOUN ST STE 4				
	TALLAHASSEE	FL	32301		
6. The name and (if changed):	Street address of the new registered	agent (if changed) and	l /or registere	ed office STORICAL	2004
	1201 Hays Street			22	
	Tallahassee	O Box NOT acceptable  FL	32301	S. 35	177
	ss of its registered office and the st be identical.				agent,
Such change wa authorized by th	is authorized by resolution duly add the board, or the corporation has been	opted by its board of d in notified in writing o	irectors or b f the change	y an officer so	•
tim George		Tim George	_		Secretary
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agen o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha n Service Company	nt and agree to act in t statutes relative to the obligation of my posi in the registered office	d of typed name his capacity e proper and tion as regis e address, 1 h	·	rmance if this hat the
By: I ) nc	Partite of Registered Agent	08/22/2022	Date		
	half of an entity:				
	BY, ASST. VICE PRESIDENT ped or Printed Name				

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