

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

REGISTERED AGENT CHANGE

MIZUNO USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED
07 JUL 17 AM 8:00
DIVISION OF CORPORATIONS

FILED
07 JUL 17 AM 10:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Corporate Filing Menu

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**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 Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mizuno USA, Inc.
2. The principal office address: 4925 Avalon Ridge Parkway, Norcross, Georgia 30071
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/08/2004 Document number: F04000005151
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Capitol Corporate Services, Inc.
155 Office Plaza Drive, Suite A
Tallahassee, Florida 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation, Florida 33324

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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)

Katsuyuki Makino V.P. Finance
(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.

C T Corporation System
By: Dale W. Morris
(Signature of Registered Agent)

7-13-07
(Date)

If signing on behalf of an entity:

DALE W. MORRIS
ASSISTANT VICE PRESIDENT
(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)

FL206 - 09/14/2005 C T System Online