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To:

Division of Corporations

fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone

: (888)705-7274

Fax Number

: (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE ROGERS ATHLETIC COMPANY, INC.

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COVER LETTER

TO:

O 02/15/2019 9:36 AM

Amendment Section Division of Corporations

Rogers Athletic Company, Inc.

F10000000605

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margot Mullin

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margot Mullin

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cl	hange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Michigan or egistered agent, or both, in the State of Florida.	
1. The name o	of the corporation: Rogers Athle	etic Company, Inc.	
2. The principal office address: 495 PIONEER PARKWAY CLARE, MI 48617			
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 2/4/201	.0 F1000000605	
	partment of State: (If resigned, enter	istered agent and registered office on file with the resigned) ERVICE COMPANY	
	1201 HAYS STREET		
	TALLAHASSEE	FL 32301-2525	
6. The name a (if changed)	_	ered agent (if changed) and /or registered office	
	Registered Agent Solul	tions, Inc.	
	155 Office Plaza Dr., S	uite A 呈 こ	
	Tallahassee, FL 32301	Uite A E C	
The street add as changed wi	dress of its registered office and the	se street address of the business office of its registered agent,	
Such change authorized by	was authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
	LEY E. PARKER	WESLEY E. PARKER CFO	
I hereby accept further agree performance agent. Or, if I	ept the appointment as registered a re to comply with the provisions of of my duties, and I am familiar wi	gent and agree to act in this capacity. all statutes relative to the proper and complete th and accept the obligation of my position as registered y to reflect a change in the registered office address, I	
		02/15/2019	
	Signature of Registered Agent behalf of an entity:	Date	
Justine Ka	arnell - Assistant Secretary	•	
	Typed or Printed Name * * * Fill 1	 !NC FEE: \$35.00 * * *	