FIDDODING

(Req	uestor's Name)			
(Add	lress)			
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(City	/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
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Special Instructions to F	iling Officer:			
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 10, 2017

Order#: 760355-008

Re: IT'S GREEK TO ME, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha	inge is submitte	ections 607.0502, 617.05 d for a corporation orga registered office or regis	mized under the la	rws of the State of Kan	sas	
1. The name of	the comoration	GTM SPORTWEAR C	0.	•		
The name of the corporation: GTM SPORTWEAR CO. The principal office address: 520 McCall Road, Manhattan, KS 66502						
3. The mailing a	iddress (if differ	rent):				
4. Date of incorp	poration/qualific	cation: 04/08/2010	Document	number: F100000017	04	
		of the current registered (If resigned, enter resign		ed office on file with th	c	
	Cogency Glob	al Inc.	_			
	115 North Call	houn Street, Suite 4				
	Tallahassee, F	FL 32301				
6. The name and (if changed):	i street address o	of the new registered age	ent (if changed) an	d /or registered office		7.7
	Corporation Se	ervice Company				. ,
	1201 Hays Str	eet				
		P.O. Box NO	l'acceptable			
	Tallahassee		FL 	32301	- ::- - :	: :
The street addre	ss of its registe be identical.	ered office and the street	address of the bu	siness office of its regi	stered agent,	[]
Such change wa authorized by th	s authorized by le board, or the	resolution duly adopte corporation has been no	d by its board of d stified in writing o	lirectors or by an office of the change.	r so	
Muheth C	Gowhl	\sim	Elizabeth C. South	em, Vice President & Asst.	Secretary	
Signatui	e of an officer or dur	ector	Printe	ed or typed name and title		
l further agree t verformance of agent. Or, if thi hereby confirm (o comply with t my duties, and : s document is b	nt as registered agent an the provisions of all stat I am familiar with and o being filed merely to ref ation has been notified i impany	utes relative to th accept the obligat lect a change in th	e proper and complete ion of my position as re he regislered office add	egistered	
By: ()	ML	ey	08/09/20			
Sigr	nature of Registered A	4 gent		Date		
lf signing on bel	half of an entity	′ :				
Ami M. Casper,	Asst. Vice Pres	sident				
Ту	ped or Printed Name	:				

MAKE CITECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILLAHASSEE, FL 32314

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