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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:

## REGISTERED AGENT CHANGE EVERLAST CLIMBING INDUSTRIES, INC.

Certificate of Status	0
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I ALBRITTON

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

		ffice or registered agent, or both, in the State of Florida.	
	the corporation: Everlast Clin	moing industries, inc.	_
2. The principa	l office address: no change		
3. The mailing	address (if different): no char	nge	_
4. Date of incor	poration/qualification: 10/23	3/2014 Document number: F14000004497	_
	d street address of the curren rtment of State: (If resigned,	at registered agent and registered office on file with the enter resigned)	
	CORPORATION SERVICE	COMPANY	
	1201 HAYS STREET TALL	AHASSEE, FL 32301-2525	
6. The name and (if changed):	d street address of the new re	egistered agent (if changed) and /or registered office.  1200 South Pine Island Road  P.O. Box NOT acceptable	٠ - -
	C T Corporation System		<u> </u>
	c/o C T Corporation System,	1200 South Pine Island Road	•
	Plantation, Florida 33324	P.O. Box NOT acceptable	
The street addre	ess of its registered office an be idenfical.	nd the street address of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution of the board, or the corporation	fuly adopted by its board of directors or by an officer so has been notified in writing of the change.	
<i>U</i>	./~	Jennifer Kurz, Vice President	
I hereby adcept I further abject performance of a agent. Or, if thi	o comply with the provision my duties, and I am familian s document is being filed me	Printed or typed name and title  ed agent and agree to act in this capacity.  is of all statutes relative to the proper and complete  r with and accept the obligation of my position as registered  erely to reflect a change in the registered office address, I  en notified in writing of this change.	
By: Tr.Corp	poration System	1/11/2019	
Sign	nature of Degistered Agent	Date	
f signing on bel		d Younan	
Ty	ped or Printed Name	nt Secretary	

\* \* \* 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 (03/12)