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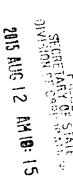
| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
| (Addiess) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| <u> </u> | | | | |
| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| (Dusiness Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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RARDONS

AUG 13 2015 FALBRITTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: August 10, 2015

Order#: 718375-147

Re: THE MEN'S WEARHOUSE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.

QUCA.XCOA

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

| statement of cha | nge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida or r organized under the laws of the State of r registered agent, or both, in the State of r | TX | |
|--|--|---|---------------------------------------|--|
| 1. The name of | the corporation: THE MEN'S WEAR | RHOUSE, INC. | · · · · · · · · · · · · · · · · · · · | |
| | office address: ERDALE RD. HOUSTON, TX 770 | 072 | | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incor | poration/qualification: 12/15/1992 | Document number: F920000 | 000984 | |
| | I street address of the current regist rtment of State: (If resigned, enter r | ered agent and registered office on file wesigned) | | |
| | C T CORPORATION SYSTEM | | 2815 2815 | |
| | 1200 SOUTH PINE ISLAND ROA | AD | SECRETARY OF 2015 AUG 12 | |
| | PLANTATION | FL 33324 | 12 Centr | |
| 6. The name and (if changed): | d street address of the new registere | ed agent (if changed) and /or registered of | fice 5 | |
| | Corporation Service Company | | | |
| | 1201 Hays Street | | | |
| | P.O. Bo Tallahassee | ox NOT acceptable FL 32301 | | |
| | | | | |
| The street address changed will | ess of its registered office and the be identical. | street address of the business office of it | s registered agent, | |
| Such change wa authorized by th | as authorized by resolution duly ac ne board, or the corporation has be | dopted by its board of directors or by an sen notified in writing of the change. | officer so | |
| | 26 2 | Dona Priebe | Vice President | |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | to comply with the provisions of a my duties, and I am familiar with | Printed or typed name and tit ent and agree to act in this capacity. Il statutes relative to the proper and com and accept the obligation of my positior o reflect a change in the registered offic ified in writing of this change. | aplete i as registered | |
| By: | in One Met | 07/30/2015 | | |
| | nature of Registered Agent | Date | | |
| If signing on be | half of an entity: | | | |
| | , Assistant Vice President | | | |
| T | yped or Printed Name | | | |

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

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