5/20/22, 12:55 PM

Division of Corporations

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Division of Corporations

Email Address:_

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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REGISTERED AGENT CHANGE RAWLINGS SPORTING GOODS COMPANY, INC.

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To:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $^{\circ}$

statement of cha	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orga r to change its registered office or regis	nized under the laws of the S	tate of DE
	he corporation: RAWLINGS SPORTIN	,	
2. The principal			
3. The mailing a	ddress (if different):		
4. Dateofincorpo	oration/qualification: 2/23/1995	Document number: [95000000910
	I street address of the current registered timent of State: (If resigned, enterresign		n file with the
	CORPORATION SERVICE COMPANY	ŕ	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301-2525		
6. The name and (ifchanged):	C T Corporation System 1200 South Pine Island Road	ent (if changed) and /or regis	2022 MAY 20 SECRETARY TALLAHASSE
	P.O.B	ox NOT acceptable	—— SEE 9
	Plantation, Florida 33324		
The street addre	ess of its registered office and the stree be identical.	t address of the business off	ice of its registered aftent.
Such change wa authorized by th	is authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors of otified in writing of the chair	r by an officer so
Man. Slava	rura bi. te af an officer ar director— sainadaesara contractworks	Sam Gasowski Printed or typed n	
l further agree i of my duties, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in t seen notified in writing of this chang	itutes relative to the proper c ligation of my position as re he registered office address,	and complete performance evistered agent. Or, if this
C T Corporation	System /s/ David Westcott	04/20/2022	
Sign	nature of Registered Agent	Date	
It signing on be	half of an entity:		
David Westcott,	Assistant Secretary		
T	yped or Printed Name		
	* * * FILING F	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: