8/30/2019

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

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

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

| Email . | Address: | |
|---------|----------|--|
|---------|----------|--|

REGISTERED AGENT CHANGE PATAGONIA OUTDOOR CLOTHING, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | ı |
| Page Count | 02 |
| Estimated Charge | \$43.75 |

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Corporate Filing Menu

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To: Page 3 of 3

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

| | - | 617.0502, 607.1508, or 617.1508, Flo on organized under the laws of the Stat | | |
|--|---|--|------------------------------------|-------------------|
| in orde | er to change its registered office or | r registered agent, or both, in the Stat | e of Florida. | |
| 1. The name of | the corporation: Patagonia, Inc. | | | |
| | l office address: no change | | | |
| 3. The mailing a | address (if different); no change | | | |
| 4. Date of incor | poration/qualification: 5/17/1995 | Document number: F95 | 000002412 | |
| 5. The name and | | stered agent and registered office on t | file with the | |
| | Corporation Service Company | | | |
| | 1201 Hays Street, Tallahassee, FL | 32301 | | |
| 6. The name an (if changed); | | red agent (if changed) and /or register | | |
| | e/o C T Corporation System, 1200 | South Pine Island Road | 2019 AUG 30 SECHARAS | أحاجه |
| | | Box NOT acceptable | — 4H/ | orezana Gezana |
| | Plantation, Florida 33324 | | | gare - |
| as changed will | l be identical. | e street address of the business office | | |
| Such change was authorized by the | as authorized by resolution duly a he board, or the corporation has b | adopted by its board of directors or becen notified in writing of the change | y an officer s e- | |
| <u> </u> | nd McClay | Nichol McCroy | | |
| I hereby accept I further agree performance of avent Or if th | to comply with the provisions of a f my duties, and I am familiar with | gent and agree to act in this capacity ull statutes relative to the proper and h and accept the obligation of my po to reflect a change in the registered officed in writing of this change. | d complete sition as registered | |
| By: C.T.Coi | rporation System | 8/30/2019 | | |
| | guature of registered Agent | Date | | |
| | ehalf of an entity: | | | |
| | Ifred Younan | - | | |
| M3513 | stant Secretary | NG 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)