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Division of Corporations		
Fax Number : (850)617-6383		
Account Name : CAPITOL SERVICES, INC.	••	2
Account Number : I20160000017		2022
Phone : (855)498-5500	<u>;</u> ;	~2
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he email address for this business entity to be used for fut	ture	
ual report mailings. Enter only one email address please.**		D AC
1 Address:	- <u>.</u> .	
	Account Number: I20160000017 Phone: (855)498-5500 Fax Number: (800)432-3622  he email address for this business entity to be used for full report mailings. Enter only one email address please.**	Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622  the email address for this business entity to be used for future and report mailings. Enter only one email address please.**

## LLC REGISTERED AGENT CHANGE BARNETT OUTDOORS, LLC

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## COVER LETTER

	gistration Section rision of Corporations		
SUBJECT	Barnett Outdoors, LLC		
		me of Limite	d Liability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered Of	fice Change a	and fee(s) are submitted for filing.
Please retur	n all correspondence concerning th	nis matter to t	he following:
Jackic Allen			
	Name of Person		<del></del>
	Firm/Company		<u> </u>
955 Live Oa			
	· Address	<del>-</del>	<del></del>
Tarpon Spri	ngs, Florida 34689		
	City/State and Zip Code		<del> </del>
jallen@surg	coutdoors.com		
E-mai	l address: (to be used for future an	nual report no	otification)
For further	information concerning this matter	, please call:	
Jackie Allen	ı	727 at (	234-4990
	Name of Person		Area Code & Daytime Telephone Number
Rep Div P.C	gistration Section vision of Corporations D. Box 6327 Clahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the following	g amount:	
	\$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy
INHS18 (2/1	4)		

DocuSign Envelope ID: BF5523E1-6027-4980-B96E-22243E95DDBC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	Name of the limited liability company: Barnett Outdoors	s, LLC		<u></u>
		(	b)	
z. (u,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	-, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5250 Frye Road		5250 Prye	Road
	Irving, Texas 75061		Irving, Te:	xas 75061
	02/02/2007		L070000120	522
3.	Date of filing/registration in Florida		-	Document number
5. (a	Allen, Jackie			
5. (a	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of Stat	_ c:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>	-
	7143 State Road 54 #274			26
	New Port Richey, FI	L 34653		2022 APR 2
				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(b	)			
	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	PA
	NEW Registered Office Address:			້ ::: <b>ທ</b>
	955 Live Oak Street			- -
	Tarpon Springs	L_34689		
agent was/v the ar	limited liability company is not organized under the la ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ws of the register iability co of the lin	ed office an ompany, it is nited liabilit	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in appany.
Sign	nature of a member or authorized representative of a member			Printed or typed name of signee
provi the oi to me notifi Jaco	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to ac perform d for in hereby c	t in this cape ance of my Chapter 603 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent