Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Pax Number : (561)694-1639

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LLC REGISTERED AGENT CHANGE COLLEGIATE APPAREL, LLC

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4

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

1. The name of the limited liability company is: Col	legiate Apparel, LLC					
2. (a) Principal office address of the limited liability compan	y: 3075 NW SOUTH RIVER DRIVE					
(Note: MUST BE STREET ADDRESS)	MIAMI, FL 33142					
(b) Mailing address of limited liability company:	3075 NW SOUTH RIVER DRIVE MIAMI, FL 33142					
(Note: MAY BE POST OFFICE BOX)						
9/17/2019	1.19000234873					
3. Date of filing/registration in Florida	4. Document number					
5.(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
Registered Agent:	PARDO JACKSON GAINSBURG PL					
•	200 S.E. FIRST STREET STE 700					
Registered Office Address:	MIAMI, FL 33131					
	170 P					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:					
(b) Enter name of the Wheeksteren Agent and of the						
NEW Registered Agent:	Corporate Creations Network Inc.					
NEW Registered Office Address:	801 US Highway 1					
(MUST BE FLORIDA STREET ADDRESS)						
	North Palm Beach FI. 33408					
or changes are made, the Florida street address of the registe	iws of the State of Florida, it is hereby confirmed that after the change cred office and the business office of the registered agent will be any, it is hereby confirmed that the change(s) was/were authorized by impany or as otherwise provided in the articles of organization or					
Anthony Dispenza, Attorney-in-Fact						
(Printed or Typed name of signee)						
of all statutes relative to the proper and complete performal my position as registered agent as provided for in Chapter (in the registered office address, I hereby confirm that the lin Anthony Dispenza, Special Secretar	ree to act in this capacity. I further agree to comply with the provisions once of my duties, and I am familiar with and accept the obligations of 505, F.S. Or, if this document is being filed to merely reflect a change nited liability company has been notified in writing of this change. 1. Box 6327, Tallahassee, FL 32314					
INHS18(10/99)						
Corporate Creations International						

(561) 694-8107

801 US Highway 1

North Palm Beach FL 33408