7/24/23, 11:30 AM

Division of Corporations

(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

. . . . . . . . . . . .

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Email Address: \_\_\_

## LLC REGISTERED AGENT CHANGE ALFA APPAREL, LLC

| Certificate of Status | 0       |
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From: Registered Agents Inc.

Fax: 8134365206

## 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

| 1. N                         | ame of the limited liability company: ALFA APPAREL,  |  |   |
|------------------------------|--|--|---|
| 2. (a)                       | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | (b)  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |
|                              | 05/25/2022   | L220   | 000243309   |
| 3.                           | Date of filing/registration in Florida   | 4.   | Document number   |
| 5. (a)                       | INC AUTHORITY RA   |  |   |
| (b)                          | Registered Office Address (MUST BE FLORIDA STREET) 390 NORTH ORANGE AVE., STE 2300-N ORLANDO, FI   |  |   |
|                              | Registered Agents Inc  | 1.000 11   |   |
|                              | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N   | i Omce aggress                                     | t_<br>()  |
|                              | NEW Registered Office Address:   | •  | ——————————————————————————————————————  |
|                              | STE 300  |  | <u>-:</u> ≥   |
|                              | St. Petersburg , FI  | 33702  |   |
| the cha<br>agent v<br>was/wa | imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of less of organization, or the operating agreement of the | f the registere<br>ability compa<br>of the limited | ed office and the business office of the registere<br>any, it is hereby confirmed that the change(s)<br>Tiability company or as otherwise provided in |
| 10                           | ture of a member or authorized representative of a member  | Robin Joi  | nes   |
| Signa                        | ture of a member or authorized representative of a member  | <del></del>  | Printed or typed name of signee   |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Assistant Secretary

Signature of Registered Agent