

M120000001619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

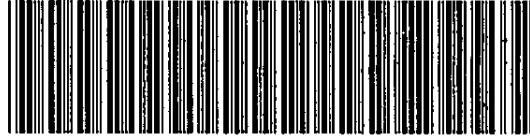
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 APR - 6 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*gma* 4/17/16



March 21, 2016  
**Via Federal Express**

Mr. Jorge F. Velazquez  
8701 SW 12<sup>th</sup> Street Apt 25  
Miami, Florida 33174-3316

**Re: Voluntary Dissolution of Salt Life, Corp.**

Dear Mr. Velazquez

Salt Life, LLC is a wholly-owned subsidiary of Delta Apparel, Inc. Per your previous conversation with Salt Life, LLC's Keith Combs, it is my understanding that Salt Life, Corp. has been voluntarily dissolved as of March 10, 2016. In connection with that dissolution, we would appreciate it if you would sign in the designated space below indicating you have no intention of revoking the voluntary dissolution of Salt Life, Corp. and that you are hereby releasing your rights in that name to Salt Life, LLC. I have enclosed a self-addressed stamped envelope for you to return this document with your original signature to me. If you have any questions please do not hesitate to contact me at 864-232-5200 Ext. 6609.

With kind regards, I remain

Sincerely,

Angela Hope  
Corporate Paralegal  
Delta Apparel, Inc.

I, agree that I have no intention of revoking the voluntary dissolution of Salt Life, Corp and I agree to release the name Salt Life, Corp. to Salt Life, LLC.

  
\_\_\_\_\_  
Jorge F. Velazquez

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** To The Game, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Glenda Cooper

Name of Person

Delta Apparel, Inc.

Firm/Company

322 S. Main Street

Address

Greenville, SC 29601

City/State and Zip Code

glenda.cooper@deltaapparel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glenda Cooper

864 232-5200 x6608  
at ( )

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: To The Game, LLC

2. The Florida document number of this limited liability company is: M12000001619

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: March 23, 2012

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Salt Life, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

\_\_\_\_\_  
Signature of the authorized representative  
*Justin M. Grow* Secretary  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
2018 APR -6 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

## CERTIFICATE OF NAME CHANGE

I, **Brian P. Kemp**, The Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

TO THE GAME, LLC

Name Changed To

SALT LIFE, LLC

is hereby issued a CERTIFICATE OF NAME CHANGE under the laws of the State of Georgia on March 26, 2015 by the filing of all documents in the Office of the Secretary of State and by the paying of all fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on March 27, 2015



*B. P. Kemp*

Brian P. Kemp  
Secretary of State

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2016 APR -6 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

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### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**SALT LIFE, LLC**

**a Domestic Limited Liability Company**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 13114015
Date Inc/Auth/Filed	: 03/24/2009
Jurisdiction	: Georgia
Print Date	: 04/06/2016
Form Number	: 211



*B. P. Kemp*

Brian P. Kemp  
Secretary of State