

M140000001270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

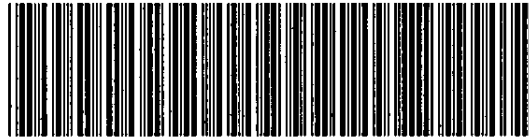
(Business Entity Name)

(Document Number)

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

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04/01/16--01028--012 \*\*60.00

FILED  
16 APR - 1 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 05 2016  
J. HARRIS



# GRAYDON HEAD

LEGAL COUNSEL | SINCE 1871

**Kyle Black**  
**Paralegal**

Direct: (513) 629-2725

Fax: (513) 651-3836

Email: kblack@graydon.com

March 31, 2016

**VIA OVERNIGHT FEDEX**

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

RE: Application by Foreign Limited Liability Company to File Amendment to  
Certificate of Authority to Transact Business in Florida

Dear Sir or Madam:

Enclosed, please find the following:

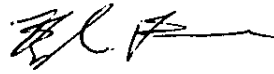
- Cover Letter
- Application of Schoolhouse Outfitters, LLC, a limited liability company formed in Kentucky, to File Amendment to Certificate of Authority to Transact Business in Florida
- Certified Copy of Articles of Amendment of Schoolhouse Outfitters, LLC filed with Kentucky Secretary of State
- Certificate of Existence of School Outfitters, LLC from Kentucky Secretary of State
- Check in the amount of \$60.00 for the filing fee, certificate of status and certified copy

If you have any questions regarding the application or if you need additional information, please do not hesitate to contact me. Once the application has been accepted and filed, please send a certified copy of the filed application and certificate of status to my attention. Thank you in advance for your assistance with this matter.

Sincerely,

March 31, 2016  
Florida Department of State  
Registration Section  
Division of Corporations

Page 2

A handwritten signature in black ink, appearing to read 'K. Black', with a long horizontal flourish extending to the right.

Kyle Black  
Paralegal

KB:KB  
Enclosures  
cc: Monica Kohnen, Esq.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Schoolhouse Outfitters, 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:

Kyle Black, Paralegal

Name of Person

Graydon Head & Ritchey LLP

Firm/Company

511 Walnut St., Suite 1900

Address

Cincinnati, OH 45202

City/State and Zip Code

kblack@graydon.com

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

For further information concerning this matter, please call:

Kyle Black

Name of Person

at ( 513 ) 629-2725

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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
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: Schoolhouse Outfitters, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M14000001270

3. Jurisdiction of its organization: Kentucky

4. Date authorized to do business in Florida: February 24, 2014

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

5. New name of the limited liability company: School Outfitters, 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 officer 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
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_____	_____	_____	<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

Typed or printed name of signee

Filing Fee: \$25.00

FILED  
16 APR - 1 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Alison Lundergan Grimes**  
**Secretary of State**

**Certificate**

I, Alison Lundergan Grimes, Secretary of State for the Commonwealth of Kentucky, do hereby certify that the foregoing writing has been carefully compared by me with the original thereof, now in my official custody as Secretary of State and remaining on file in my office, and found to be a true and correct copy of

ARTICLES OF AMENDMENT OF

SCHOOLHOUSE OUTFITTERS, LLC CHANGING NAME TO SCHOOL OUTFITTERS,  
LLC FILED FEBRUARY 26, 2016.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my  
Official Seal at Frankfort, Kentucky, this 21st day of March, 2016.



*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
dwilliams/0465355 - Certificate ID: 174494



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

0465355.06

balimonos  
AMD

Allison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
2/26/2016 3:30 PM  
Fee Receipt: \$40.00

Division of Business Filings  
Business Filings  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Articles of Amendment  
(Limited Liability Company)

LLA

Pursuant to the provisions of KRS 14A and KRS Chapter 275, the undersigned applicant applies to amend articles and, for that purpose, submits the following statements:

1. Name of the limited liability company on record with the Office of the Secretary of State is:

Schoolhouse Outfitters, LLC

(Name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: The First Section of the Articles of Organization of Schoolhouse Outfitters, LLC is hereby amended and restated in its entirety as

follows: The name of the Limited Liability Company shall be: School Outfitters, LLC.

3. The date of adoption of each amendment was 2/16/16

4. Mark the appropriate line in the following statement for the adoption of the amendment (check only one option):

The amendment(s) was/were duly adopted by the managers X or members \_\_\_\_\_ in accordance with the articles of organization, the operating agreement of the limited liability company, or this chapter.

5. This amendment will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is 3/1/16  
(Delayed effective date and/or time)

6. The individual signing these articles of amendment is a (check only one): Member \_\_\_\_\_ or Manager X

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of Member, Manager or Authorized Party

Thomas A. Brennan

Printed Name

PRESIDENT

Title

2/16/16

Date

Signature of Member, Manager or Authorized Party

Printed Name

Title



**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 174415

Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**SCHOOL OUTFITTERS, LLC**

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is December 10, 1998 and whose period of duration is December 31, 2025.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 18<sup>th</sup> day of March, 2016, in the 224<sup>th</sup> year of the Commonwealth.



*Alison Lundergan Grimes*  
Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
174415/0465355