Division of Corporations **Electronic Filing Cover Sheet**

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LLC REGISTERED AGENT CHANGE PACIFIC SUNWEAR STORES LLC

Certificate of Status	U
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Estimated Charge	\$55.00

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To:

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.

I. Na	me of the limited liability company: PACIFIC SUNW	EAR STORES L	.LC
? (a)		(b)	
(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)
	3450 EAST MIRALOMA AVE ANAIIEIM, CA 92806		
	10/4/2016		00007915
S.	Date of filing/registration in Florida	4.	Document number
. (a)	"COGENCY GLOBAL INC. "		2
. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dent. o	of State:
		•	
	Registered Office Address (MUST BE FLORIDA STREET :	ADDRESS	
	115 NORTH CLHOUN STREET SUITE 4	41714(1x.)	• 3
			<u> </u>
	TALLAHASSEE, FL	32301"	4*
(b)	Enter name of NEW Registered Agent and/or NEW Registered C T Corporation System NEW Registered Office Address: 1200 South Pine Island Road		
	Plantation , FL	33324	
he cha igent v was/we he arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like the authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Made Machanitary of a member of authority of a member of a member of authority of a member of a member of authority of a member of a member of authority of a member of a m	ws of the State of the registered of the registered of the limited lie limited lie limited liability Nichol McC	of Florida, it is hereby confirmed that after office and the business office of the registry, it is hereby confirmed that the change(stability company or as otherwise provided by company. Croy Printed or typed name of signee is conscient. I further wares to comply with
provisi he obl o merc wifiec	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	performance of ed for in Chapte heveby confirm	of my duties, and I am familiar with and ac er 605, F.S. Or, if this document is being i that the limited liahility company has bed d Younan
Signatu	ire of Registered Agent	Assistan	nt Secretary

Division of Carporations P.O. Box 6327 Tallahassee, FI. 32314 FILING FEE: \$25.00