

4/20/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

****Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
2017 APR 21 PM 12:40
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 21 AM 9:01

**LLC REGISTERED AGENT CHANGE
ULTIMATE SURVIVAL TECHNOLOGIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

APR 24 2017

S. YOUNG

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ULTIMATE SURVIVAL TECHNOLOGIES, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARGOT MULLIN

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Suite 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

MARGOT MULLIN

Name of Person

at (888) 705-7274

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

☐ \$55 Filing Fee & Certified Copy

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 21 AM 8:01

**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.

1. Name of the limited liability company: ULTIMATE SURVIVAL TECHNOLOGIES, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

2100 ROOSEVELT AVENUE
SPRINGFIELD, MA 01104

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

2100 ROOSEVELT AVENUE
SPRINGFIELD, MA 01104

3. 11/03/2016 Date of filing/registration in Florida

4. M16000008828 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CORPORATION SERVICE COMPANY

Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

2101 HAYS STREET
TALLAHASSEE, FL 32301-2525

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Registered Agent Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Dr., Suite A

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

ADAM SALDANA ATTORNEY-IN-FACT FOR ROBERT J. CICERO
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.

Signature of Registered Agent

Justine Karnell
Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 21 AM 8:01

SPECIAL LIMITED POWER OF ATTORNEY

I, Robert J. Cicero, the duly authorized Vice President, General Counsel, Chief Compliance Officer and Secretary of American Outdoor Brands Corporation (Company), a corporation formed under the laws of Nevada, does hereby make, constitute, and appoint Registered Agent Solutions, Inc., and each duly authorized representative of such entity, including without limitations Jaclyn Wright, Purity Mbogo, and/or Adam Saldaña, as my true and lawful attorney-in-fact with full right, power and authority for me, as an authorized officer/director or manager/member of the aforementioned Company and any subsidiaries as shown on the list appended hereto, if applicable, to act for the Company and any subsidiaries and in the name of the Company and any subsidiaries in order to effectuate a change in their registered agent, registered office, and/or the agent and office of similar import in any jurisdiction.

In the execution of any documents required for the limited purposes set forth above, Jaclyn Wright shall exercise the power of Vice President and Purity Mbogo or Adam Saldaña shall exercise the power of Secretary. In the case of the Company and any subsidiaries having managers or other positions of authority, the named individuals shall act in such office and with such authority as is required to effect the changes set forth above.

This Special Limited Power of Attorney shall be effective as of the date set forth below and shall continue in effect for six months from the effective date. The Company may revoke this Special Limited Power of Attorney at any time by notice to Jaclyn Wright, Purity Mbogo, and/or Adam Saldaña.

IN WITNESS WHEREOF, I, Robert J. Cicero have set my hand this 16th day of March, 2017.

Signature

Name: Robert J. Cicero

Title: Vice President, General Counsel, Chief
Compliance Office Secretary

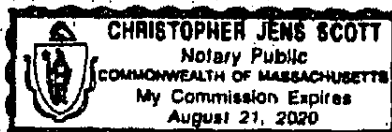
State of Massachusetts
County of Hampden

On March 16, 2017 before me, the undersigned, a Notary Public in and for said State, personally appeared Robert J. Cicero, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he or she executed the same in his or her authorized capacity, and that by his or her signature on the instrument the person, or the entity upon behalf of which the person acted, executed this instrument.

Witness my hand and official seal.

Signature

Notary Public: Christopher J. Scott



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**AMERICAN OUTDOOR BRANDS CORPORATION
SUBSIDIARY LIST**

AOBC Asia Consulting, LLC
Battenfeld Acquisition Company Inc.
Battenfeld Technologies, Inc.
Bear Lake Holdings, LLC
BTI Tools, LLC
Crimson Trace Corporation
Deep River Plastics, LLC
DN Investments LLC
Smith & Wesson Corp.
Smith & Wesson Distributing, Inc.
SWSS LLC
Thompson/Center Arms Company, LLC
Ultimate Survival Technologies, LLC

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