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	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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	(Business Entity Name)
	(Document Number)
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A. DUT.

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 962234 8389471
AUTHORIZATION :
COST LIMIT : \$ 25.00
ORDER DATE : September 19, 2022
ORDER TIME : 9:30 AM
ORDER NO. : 962234-019
CUSTOMER NO: 8389471
CHANGE OF AGENT
NAME: HCM OUTDOORS LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Evliena Baker

EXAMINER'S INITIALS:

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: HCM OUTDO	ORS LLC
2. (a	317 E STATE LINE ST	(b) P.O. BOX 5117
(*	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SOUTH FULTON, TN 38257	S FULTON, TN 38257
	06/18/2020	M20000005459
3.	Date of filing/registration in Florida	4. Document number
5. (Registered Agent and Registered Office shown on the records of REGISTERED AGENTS INC. Registered Office Address (MUST BE FLORIDA STREET) 7901 4 ST N STE 300	TADDRESS)
	ST PETERSBURG	33702 P
	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address: 1201 Hays Street	ed Office address:
	Tallahassee, F	L_32301
chang agent was/v	ge or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited l	aws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in e limited liability company.
	/s/ Jill Cilmi	Jill Cilmi, Authorized Person
I her provi	nature of a member or authorized representative of a member reby accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I sed in writing of this change.	Printed or typed name of signee gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been Grace E. Kirby, Asst. Vice President