Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

15129570210

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future 2: annual report mailings. Enter only one email address please.

Email	Address:	

LLC REGISTERED AGENT CHANGE ALL SPORTZ APPAREL, LLC

Certificate of Status	0
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Page Count	03
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T. LEMIEUX JUN 29 2022

INHS18 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: ALL SPORTZ APP	AREL, LLC
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	itter to the following:
Joshua Murphy	
Name of Person	
Registered Agent Solutions, Inc.	
Firm√Company	
Corporate Center One, 5301 Southwest Pk	kwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual r	report polification)
·	
For further information concerning this matter, plea	ise call:
Joshua Murphy	888 705-7274
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 am	ount:
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy

15129570210

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.

	ame of the limited liability company:		CCC THE	DOORE FREMD AVE, STE A100
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) RYE, NY 10580	(b)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) NY 10580
	10/6/2021		M2100	0013193
	Date of filing/registration in Florida	4.		Document number
(a)	BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.			
	155 OFFICE PLAZA DRIVE,		<u> </u>	-
	TALLAHASSEE FLORIDA STREET	1323		-
/h)				-
(b)	TALLAHASSEE	_L 323	01	-
(b)	TALLAHASSEE FRegistered Agent Solutions, Inc.	_L 323	01	-
(b)	TALLAHASSEE FRegistered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered.	_L 323	01	-

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.

/s/	Marth	a J Flai	nders
/3/	ıvıaı u i	avriai	10013

Martha J Flanders

Authorized Person

Signature of a member or authorized representative of a member

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 matiliar of this change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart, Asst. Secretary Signature of Registered Agent

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