M990005487

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ry/State/Zip/Phone	· e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
	·	DB			

Office Use Only



700096719867

O/MAY 17 PH 12: 0 SECRE FARY OF STAD FALLAHASSEF, FI ORIG

OTHAY IT AHII: O. DEFAN OF CORPORATION



	ACCOUNT NO.	:	072100000	032		
	REFERENCE	:	778977	7520085		
	AUTHORIZATION(O	Noo.			
	COST LIMIT	Ku	\$ 25.00			
	Ech		~		·	
ORDER DATE :	February 27, 200	/			•	
ORDER TIME :	9:44 AM					
ORDER NO. :	778977-025				e	
CUSTOMER NO:	7520085					
	CHANGE OF A	GEN	<u> </u>		L. (1) -7	e-Ger
NAME:	ACTION SPORTS	IM	IAGE, LLC	٠.	MAY 17 PM 12: 07 CRETARY OF STATE LAHASSEE, FLORIDA	
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FIL	ING:		
	FIED COPY STAMPED COPY			,		
CONTACT PERSO	N: Kelly Courtne	У				

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limite	ed liability company is	s: ACTION SPC	ORTS IMAGE, LLC.			
2. The mailing address of	f the limited liability (company is :				
6301 Performance Drive, Con	acord, NC 28027	• • -				
,						
April 1, 1999			M9900000487			
3. Date of filing/registrat	ion in Florida	4	4. Document nun	nber		
5. The name of the register Florida Department of		istered office a	ddress as shown	on the rec	ords of 1	the
	СТС	Corporation System	n	•		
		Name				
	1200 5	South Pine Island Ro	oad	. #	!	
		Address		Ĺ	97 I	
		ntation, FL 33324		. AH	沼菱	
6. The name and address	_	•		ASSE	TARY	li Latras
	Corporat	ion Service Comp	any		PH I2: N7	
	12/	Name 01 Hays Street		윤	AT O	Various F
		 	(OT assentable)	DA	<u>ات</u> لار	
	Florida street addre	ess (P.O. Box N	OT acceptable)	-		
	Tallahassee	FL	32301			
	City,	State and Zip				
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author (Printed or typed name of signee) I hereby accept the appoonuncy with the provision	hange or changes are the registered agent were the registered agent were the registered agent with the registered agent with the registered that the representative of a member of the limited liabilities are representative of a member of the registered register	made, the Flori will be identica he change(s) was otherwing company.	ida street address l. Or, in the case as/were authorize se provided in the	of the reg of a Flori ed by an af e articles o	ristered of da limit ffirmativ of organ	office ed ve vote sization
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	a accept the obligation this document is being that the limited liabi	ons of my positi g filed to merely lity company ho	on as registered o y reflect a change as been notified i	agent as p e in the ret n writing (rovided gistered of this c	jor in office hange.

(Signature of Registered Agent) Michelle R. Vannoy, Asservice President

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