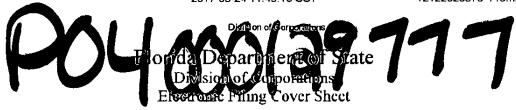
5/24/2017



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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

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REGISTERED AGENT CHANGE WBT APPAREL, INC.

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MAY 25 2017.

T. LEMIEUX

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this talement of change is submitted for a corporation organized under the laws of the State of Florida
_	in order to change its registered office or registered agent, or both, in the State of Florida.
1	. The name of the corporation: WBT APPAREL, INC.
2	. The principal office address: 265 WEST 37TH STREET 5TH FLOOR NEW YORK, NY 10018
3	. The mailing address (if different):
4	. Date of incorporation/qualification: 09/14/2004 Document number: P04000129777
5	. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
	BAKER, WALTER PRESIDENT
	265 WEST 37TH STREET 5TH FLOOR
	NEW YORK, FL 10018
6	The name and street address of the new registered agent (if changed) and for registered office (if changed):
	National Registered Agents, Inc.
	e/o National Registered Agents, Inc., 1200 South Pine Island Road
	P.O. Box NOT acceptable Plantation, Florida 33324
T as	he street address of its registered office and the street address of the business office of its registered agent, changed will be identical.
Si	uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
_	Nignature of an officer or director
]	hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete or formance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I have by confirm that the corporation has been notified in writing of this change.
<u>B</u>	y: CT Corporation System y: Signature of Registered Agent Signature of Registered Agent
If	signing on behalf of an entity: Danny Verdecchia Assistant Secretary
_	Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327. TALLAHASSEE, FL 32314
CR2E045 (03/12)