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.

Electronic Filing Cover-Sheet

(((H180003339843)))



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

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

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.

Email Address:

S TALLENT

IP-CH

NOV 2 5 2018

REGISTERED AGENT CHANGE JOS. A. BANK CLOTHTERS, INC.

Certificate of Status	0
Certified Copy	Û
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	nge is submitted for a corpore	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ation organized under the laws of the State of DE ee or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Jos. A. Bank C	lothiers, Inc.	
		SON BOULEVARD FREMONT, CA 94538	
3. The mailing a	ddress (if different):		
4. Date of incorp	ocation/qualification: 2 20/19	Document number: P37585	
	street address of the current i tment of State: (If resigned, ci	egistered agent and registered office on file with the nter resigned)	
	CORPORATION SERVICE C	OMPANY S	
	1201 HAYS STREET	OMPANY OMPANY See See See See See See See See See Se	
	TALLAHASSEE, FL 32301-2	525	
6. The name and (if changed):	street address of the new reg	istered agent (if changed) and /or registered office	
	CT Corporation System		
	c/o C T Corporation System, 13	200 South Pine Island Road	
	Plantation, Florida 33324	P.O. Box NOT acceptable	
The street addic as changed will	ss of its registered office and be identical.	the street address of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution du c board, or the corporation h	dy adopted by its board of directors or by an officer so as been notified in writing of the change.	
PBelan		Patricia Belanger; Vice President	
I further agree t performance of agent. Or, if thi	o comply with the provisions my duties, and I am familiar s document is being filed mei	Printed or typed vame and title d agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address. I viotified in writing of this change.	
By Cr Cou	ooration System	11/14/2018	
TigiZ 171	addic of Registered Agent	Рас	
Ass	half of an entity: nes M. Halpin sistant Secretary ped or Printed Name		

* * * FILING FEE: \$35,00 * * *

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