

F960000006300

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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12 JAN 30 PM 2:31
SECRETARY OF STATE
ALLIANCE FLORIDA

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

Email Address: _____

REGISTERED AGENT CHANGE
FACTORY CARD OUTLET OF AMERICA L...

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RE-SUBMIT
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date of submission 1/30

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Electronic Filing Menu Corporate Filing Menu Help



January 30, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FACTORY CARD OUTLET OF AMERICA LTD., INC.
25 GREEN POND ROAD
SUITE #1
ROCKAWAY, NJ 07866US

SUBJECT: FACTORY CARD OUTLET OF AMERICA LTD., INC.
REF: F96000006300

RE-SUBMIT
Please retain original filing
date of submission 1/30

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

There is no comma behind America in the name of the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H12000024431
Letter Number: 212A00003008

RECEIVED

12 FEB -2 AM 8:15

TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Factory Card Outlet of America Ltd., Inc.
Name of Corporation

DOCUMENT NUMBER: F9600006300

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

kphillips@partycity.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (_____) Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E044 (8/05)

FL006 - 01/11/2009 CT System Online

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 statement of change is submitted for a corporation organized under the laws of the State of Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Factory Card Outlet of America, Ltd., Inc.
2. The principal office address: 25 GREEN POND ROAD, SUITE #1, ROCKAWAY, NJ 07866
3. The mailing address (if different): 25 GREEN POND ROAD, SUITE #1, ROCKAWAY, NJ 07866
4. Date of incorporation/qualification: 12/03/1996 Document number: F96000006300
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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road


P.O. Box NOT acceptable

Plantation, Florida 33324

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TALLAHASSEE FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director **Robert O'Byrne**
Vice President
Printed or typed name and title

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 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 hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System

Signature of Registered Agent

1/20/2012

Date

If signing on behalf of an entity:
Kristin Bolden
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 (8/05)

FL006 - 07/23/2009 C T System: Dallas