

P 10000029897

Liqens Factory Direct, Inc.
5395 Grand Park Place
Boca Raton, Florida 33486

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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R-A. Chorge
C.COULLETTE

JAN 14 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lipens Factory Direct, Inc.
Name of Corporation

DOCUMENT NUMBER: P10000029897

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:

Dennis Swardlen
Name of Contact Person

Lipens Factory Direct, Inc.
Firm/Company

5395 Grand Park Place
Address

Boca Raton, Florida 33486
City/State and Zip Code

Lipens Factorydirect@Yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis Swardlen at (561) 715-3440
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2011

DENNIS SWERDLEN
LINENS FACTORY DIRECT, INC.
5395 GRAND PARK PLACE
BOCA RATON, FL 33486

SUBJECT: LINENS FACTORY DIRECT, INC.
Ref. Number: P10000029897

We have received your document for LINENS FACTORY DIRECT, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 611A00000319

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SECRETARY OF STATE

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Linens Factory Direct, Inc.
2. The principal office address: 5395 Grand Park Place
Boca Raton, Florida 33486
3. The mailing address (if different): _____

4. Date of incorporation/qualification: April 6, 2010 Document number: P10000029897

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, Florida 32301 US

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

Dennis Swardlen
5395 Grand Park Place
P.O. Box NOT acceptable
Boca Raton, Florida 33486

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SECRETARY OF STATE
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]
Signature of an officer or director

DENNIS SWARDLEN 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.

[Signature]
Signature of Registered Agent

1-11-2011
Date

If signing on behalf of an entity:

DENNIS SWARDLEN
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