## Document Services

## P24498 ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER:	FCA0000000	05		
REFERENCE: 20	010203			
DATE:	-16	40000	12402654	<b>- -</b>
REQUESTER NAME: LE				
ADDRESS: P.O. BOX 296	1	<b>,</b>	98 JAN 16   SECRETARY   SALLAHASSEE	-
CONTACT NAME: CYN	THIA WOODYARD (90	4) 877-7296	PH PSTA	
CORPORATION NAME:	J. Merchand	ising S	5 Z M	ñ.
AUTHORIZATION:	C. Woody	gad	EIVED	-
CERTIFIED COPY (1- CERTIFICATE OF ST PLAIN STAMPED CO	'ATUS (1-9)			
) CALL WHEN READY X) WALK IN ) MAIL OUT (IF APPLI	( ) WILL WAIT	M ( ) AFTE ( ) PICK		
	300-334-9738		Show	rge

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the the undersig submits the f both, in the St	provisions of sections 607.0502 ined corporation organized following statement in order t ate of Florida.	2, 617.0502, 607. d under the law to change its regis	1508, or 617.150 vs of the State stered office or r	08, Florida Statutes, e of <sup>Delaware</sup> egistered agent, or
1a. The name	of the corporation is:	chandising Services,	Inc.	
1b. The mailin	g address of the corporation is	3: 2300 60th St K	enosha, WI 53140	
1c. Date of inc	corporation: 5-25-89	Document	number: _ P244	98
2. The name	and address of the current re-	gistered agent and	d office:	SECR
	CT Corporation System	ž.		JAN I
	1200 S. Pine Island Rd.	1 -		SSEI 16
	Plantation, FL 33324	· :		PM IZ:
3. The name a	nd address of the new register	ed agent and offic	SO: (P.O. Poy Net A	
	Lexis Document Services I	•	Serie O. Box Not A	cceptable>
	3953 WW Kelley Road	- <u>i</u>		÷.
	Tallahassee, FL 323	<u> </u>		-··· .
The street addregistered agen	dress of its registered office a	and the street add	dress of the bus	iness office of its
	vas authorized by resolution de		board of directo	rs or by an officer
15:	affin	<u>.</u> .	1-12-	-98
vice ch	of an officer, chairman or airman of the board)		(Date)	
(Printed or	VP and Assistant Secretary typed name and title)			
l further agree	amed as registered agent and sereby accept the appointment to comply with the provision f my duties, and I am familiant.	as registered ager	ricano agree io al	ctin mis capacity,
1	- Enjection		L1498	### #
(Signature/	of Registered Agent)	* . <u></u>	(Date)	
lf signing on bel	half of an entity:		,	
<u> </u>	, · · · · · · · · · · · · · · · · · ·	-· ·· • • • ·		