208267

Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

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06 APR 19 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

POMPEII FURNITURE CO., INC.

RECEIVED
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Certificate of Status	0
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BCK 4/19/06

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: Pompeli Furniture Co., Inc.
2. The principal office address: 1801 North Andrews Ave., Pompano, Beach, FL 33069
3. The mailing address (if different): 1801 North Andrews Avenue, Pompano Beach, FL 33069
4. Date of incorporation/qualification: 12/16/1957 Document number: 208267
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   David Gershman, c/o Trivest Partners, L.P.
   2665 S. Bayshore Drive, Suite 800
   Miami, FL 33133

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

   Corporation Service Company
   1201 Hays Street
   (P.O. Box NOT acceptable)
   Tallahassee, FL 32301

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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.

Gene J Moriarty
(Signature of an officer or director)

Gene Moriarty, 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.

Corporation Service Company
By: Dawn Teaute
(Signature of Registered Agent)

4/19/06
(Date)

If signing on behalf of an entity:

Dawn Teaute, Asst. Sec.
(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)