564848

(Re	equestor's Name)
(Address)		
(Ac	idress)	
(City/State/Zip/Phone #)		
		MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
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CORPORATION SERVICE COMPARY

	ACCOUNT NO.	: 0721	0000032
	REFERENCE	: 1360	
	AUTHORIZATION	: 4	atricia Pineto
	COST LIMIT	: \$35	
ORDER DATE	: January 11, 2005		
ORDER TIME	: 11:33 AM		
ORDER NO.	: 136052-155		
CUSTOMER N	0: 7417087		
CUSTOMER:	Regina M. Kilgallen Benjamin Moore & Co 51 Chestnut Ridge Ro	•	
	Montvale, NJ 07645		
	<u>CHANGE OF A</u>	<u>GENT</u>	
NAM	E: PLAZA PAINT & CENTERS, INC.	DECORAT	ING
PLEASE RET	URN THE FOLLOWING AS	PROOF O	F FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER:

- 4

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

1. The name of the corporation: PLAZA PAINT & DECORATING CENTERS, INC.

2. The principal office address: 1308 SW 34th St., Palm City, FL 34990

The mailing address (if different):

4. Date of incorporation/qualification: 12/27/1977 Document number: 564848

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System 1200 South Pine Island Road Plantation, FL 33324

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

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.

Maureen Cullen, Attorney in Fact (Printed of 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.

poration Service Company L 10 NI By anature of Registered Agent)

January 10, 2005

(Date)

If signing on behalf of an entity:

Jacqueline M. Giles, Asst. Vice President (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