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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561) 694-8107  
Fax Number : (561) 694-1639

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**REGISTERED AGENT CHANGE**

**HD SUPPLY UTILITIES, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

**1. HD Supply Utilities, Ltd.**

Name of Limited Partnership or Limited Liability Limited Partnership

**2. 11/22/2004**

Date of filing/registration in Florida

**3. A04000001836**

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

**CORPORATION SERVICE COMPANY**

Name

**1201 HAYS STREET**

Address

**TALLAHASSEE FL 32301**

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

**Corporate Creations Network Inc.**

Name

**11380 Prosperity Farms Road #221E**

Florida street address (P.O. Box not acceptable)

**Palm Beach Gardens FL 33410**

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

**HD SUPPLY GP & MANAGEMENT, INC.**

Signature of General Partner

*Yulia Ogurchikova* **Yulia Ogurchikova, Asst. Secretary**

*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 obligations of my position as registered agent.*

*Valerie Hawk*

**Valerie Hawk, Asst. Secretary**

Signature of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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