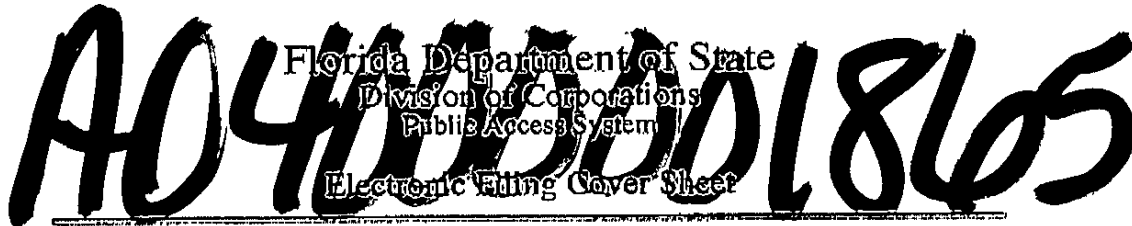


Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

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(((H07000292046 3)))



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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

FILED
07 DEC -5 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2007 DEC -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE**HD SUPPLY ELECTRICAL, LTD.**

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

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Corporate Filing Menu

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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 ELECTRICAL, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/18/2004

Date of filing/registration in Florida

3. A04000001865

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, 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, Asst. Secretary

Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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