## Florida Department of State

Division of Corporations Public Access System

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To:

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From:

: C T CORPORATION SYSTEM Account Name

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Phone

: (850)222-1092

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## REGISTERED AGENT CHANGE

SAMSONITE.COM, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
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Help

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

| statement of char  | provisions of sections 607.0302, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Colorado grants to change its registered affice or registered agent, or both, in the State of Florida.  |
|--|--|
| 1. The name of the   | he corporation: Direct Marketing Ventures, Inc. dibla Samsonite, Com Inc.  |
|  | office address; 4300 Bulls Bay Hwy, Jacksonville, FL 32219   |
| 3. The mailing ac  | ddress (if different): c/o Samsonite Corporation, \$75 West Street, Suite 110, Mansfield, MA 02048   |
| 4. Date of incorp  | oration/qualification: 5/25/00 Document number: F00000003393   |
|  | street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)   |
|  | Corporation Service Company  |
|  | 1201 Hays Street PEC   |
|  | Tullahassee, FL 32301-2525   |
| 6. The name and (if changed):  | Tallahassee, FL 32301-2525  Street address of the new registered agent (if changed) and /or registered office  CT Corporation System  C/o CT Corporation System, 1200 South Pine Island Road   |
|  | C T' Corporation System  |
|  |  |
|  | (P.O. Box NOT acceptable)  |
|  | Plantation, Florida 33324  |
| The street address<br>as changed will  | ss of its registered office and the street address of the business office of its registered agent, be identical.   |
| Such change was<br>authorized by th  | s authorized by resolution duly adopted by its board of directors or by an officer so<br>e board, or the corporation has been notified in writing of the change.   |
| 1 /  | LOTEN ON THE OF A PROPERTY AND LOTEN OF THE AND LABOR SECURITIES OF THE ADDRESS OF THE A |
| I hereby accept to<br>I further agree to<br>of my duties, and<br>dacument is bein<br>corporation has | the appointment as registered agent and agree to act in this capacity.<br>o comply with the provisions of all statutes relative to the proper and complete performance<br>of I am familiar with and accept the obtigation of my position as registered agent. Or, if this<br>ng filed merely to reflect a change in the registered office address. I hereby confirm that the<br>been notified in writing of this change.   |
| By: U.J.   | 7 T Compression System  129 09  (Date)   |
| on bel<br>Krist<br>Vice  | half of an entity: ten Betzge*  President  yed 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 (\$705)