

Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850) 222-1092

Fax Number

: (850) 222-9428

REGISTERED AGENT CHANGE

SAM'S EAST, INC.

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02
\$35.00

Placticonia Piling Mague

Cornection Filings

Public Access Help.

3/20/04

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 Arkansas in order to change its registered office or registered agent, or both, in the State	
1. The name of the corporation: Sam's East, Inc.	
2. The principal office address; 702 SW 8th Street, Be	entonville, AR 72716
3. The mailing address (if different):	
4. Date of incorporation/qualification: April 2, 2001	
5. The name and street address of the current registr Florida Department of State:	ered agent and registered office on file with the
Corporation St	ervice Company
1201 H	ays Street
Tallahassee, F	TL 32301-2525
changed):	ered agent (if changed) and for registered office (if
	oration System
	uilbex NOT acceptable) ad, Plantation, Florida 33324
1200 Sharit Fills 131bi(t, Kor	ar' Limitation' Limits 17754
agent, as changed will be identical.	treet address of the business office of its registered
Such change was authorized by resolution duly ad authorized by the board, of the corporation has be-	opted by its hoard of directors or by an officer so en notified in whiting of the change App. Landword, Miles Scorenzy
(Signature of an officer, chairman of vice chairman of the board)	(regress of producting and litte)
I hereby accept the appointment as registered age I further agree to comply with the provisions of all performance of my duties, and I am familiar with registered agent. Or, if this document is being fill office address, I hereby confirm that the corporation CT Corporation System	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as ed marely to reflect a change in the registered ion has been notified in writing of this change.
BYONS	March 29, 2004
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
M. S. Green	Assistant Secretary
(Typed or Printed Name)	(Capacity)

* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314