## F03000003769

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SEP 19 AH II:



ACCOUNT NO. =: 072100000032

REFERENCE 7: 243810 7311393

AUTHORIZATION .:

COST LIMIT alusiss.

ORDER DATE: September 19, 2003

ORDER TIME : 7:58 AM

ORDER NO. : 243810-105

CUSTOMER NO: 7311393

CUSTOMER: Ms. Ami Kothari

Jarden Corporation

Suite B302

555 Theodore Fremd Avenue

Rye, NY 10580

CHANGE OF AGENT

NAME: HEARTHMARK, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XX \_ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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

Pursuant to t	the provisions of sections 607.0502	?, 617.0502, 607.1508, or 617.1	508, Florida Statutes,
this statement	t of change is submitted for a corpor	ration organized under the laws	of the State of
Indiana	in order to change its reg	istered of <u>fic</u> e or registered agen	t, or both, in the State
of Florida.			
1. The name of	of the corporation: HEARTHMARK, IN	IC	
2. The princip	oal office address:	. 440	,
555 Theo	dore Fremd Ave., Ste. B302, Rye	, NY 105 <u>80</u>	
3. The mailing	g address (if different):		
4. Date of inc	orporation/qualification: 07/30/20	03 Document number	r: <u>F03000003769</u>
	and street address of the current regionstrain and street address of the current regions.	stered agent and registered offic	e on file with the
	C T Corporation System		
	1200 South Pine Island_Road		OS SECRITALLI
	Plantation, FL 33324		
6. The name changed):	and street address of the new regi	stered agent (if changed) and /	or registered office (if
- ,	Corporation Service Company	<del></del>	— gş =
	1201 Hays Street (P.O. Box or persona	mailbox <b>NOT</b> acceptable)	38   DA
	Tallahassee, FL 32301	<u> </u>	
_	dress of its registered office and the nged will be identical.	<del></del>	
Such change authorized by	was authorized by resolution duly a the board, or the corporation has b	adopted by its board of directors seen notified in writing of the cl	s or by an officer so nange.
(Signature of an offi		Maureen Cullen, Attorney (Printed or typed name and	
I further agré performance ( registered age	pt the appointment as registered age to comply with the provisions of of my duties, and I am familiar with ent. Or, if this document is being for I hereby confirm that the corport	all statutes relative to the prope h and accept the obligation of n iled merely to reflect a change i	er and complete ny position as in the registered
llegate	(Signature of Registered Agent)	09/16/2003 (Date)	····
If signing on bel			
Elizabeth A.	•	Asst. Vice President	
(Typed or Printed Name)		(Capacity)	

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