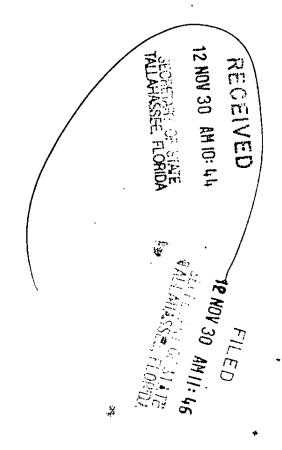
## F0400001413

(Address)				
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CORPORATION	SERVICE	COMPANY.			
			A COCKINIO	NT/	

ACCOUNT NO. : 12000000195

REFERENCE: 431605 7911160

AUTHORIZATION :

COST LIMIT : \$ 35

ORDER DATE: November 21, 2012

ORDER TIME : 4:35 PM

ORDER NO. : 431605-010

CUSTOMER NO: 7911160

## CHANGE OF AGENT

NAME: THE WALKING COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: THE WALKING	COMPANY	
2. The principal 25 W. Ana	office address: pamu St., Santa Barbara, C.	A 93101	<del></del>
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 03/12/200	Document number: F04000001413	
	street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)	
	NRAI Services, Inc.		
	515 E. Park Avenue	12 NO	
	Tallahassee, FL 32301	25.5% 30	F.I
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	ED
	Corporation Service Compa	any Ros 5	
	1201 Hays Street		
	Tallahassee, FL 32301	ox NOT acceptable	
The street addre	ss of its registered office and the be identical.	street address of the business office of its registered agent,	<b>,</b>
		dopted by its board of directors or by an officer so seen notified in writing of the change.	
Maur	en Citley	Maureen Cathell, Vice President	
Signatui	re of an officer or director	Printed or typed name and title	
I further agree to performance of agent. Or, if this hereby co	o comply with the provisions of a my duties, and I am familiar with s document is being filed merely to been not	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.	
By:	n Service Company	Sylvia Queppet, Asst. Vice President	
	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
11/19/2012			
Ty	yped or Printed Name		

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