P.01

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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REGISTERED AGENT CHANGE BRIGHTON COLLECTIBLES, INC.

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Corporate Filing Menu

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EXAMINER

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

statement of char	nge is submitted for a corp	poration organiz	607.1508, or 617.1508, Flor ed under the laws of the State	of Delaware	
	• •	<del>-</del>	ed agent, or both, in the State	of Florida.	
1. The name of the	he corporation: Brighton C	ollectibles, Inc.			
2. The principal	office address: 14022 Nels	on Avenue, City	of Industry, CA 91746	· · · · · · · · · · · · · · · · · · ·	<del></del>
3. The mailing ac	ddress (if different):				
4. Date of incorp	oration/qualification:	11/3/2005	Document number:	F05000006410	
	street address of the curre ment of State: (If resigned	ent registered age	ent and registered office on fi	•	
	PARACORP INCORPOR	ATED			
	236 EAST 6TH AVENUE			— <del></del>	<u> </u>
	TALLAHASSEE FL 3230	3			10 НАҮ
6. The name and (if changed):	street address of the new	registered agent	(if changed) and /or registere		ယ
_ ,	Business Filings Incorpora	ted			PH 2:
	1203 Governors Square Bl	vd, Suite 101			2:15
		P.O. Box NOT	acceptable	<del></del>	
	Tallahassee, FL 32301-290				
The street address as changed will	ss of its registered office be identical.	and the street a	ddress of the business office	of its registered agent	,
Such change wa authorized by th	s authorized by resolution board, of the corporation	n duly adopted on has been noti	by its board of directors or bified in writing of the change	oy an officer so	
Hur	and while	£	Howard Schwa	•	
	e of an officer of director the appointment as regis	) tered agent and	Printed or typed name agree to act in this capacity		•
I further agrée to of my duties, and document is bein corporation has	o comply with the provis d I am familiar with and ng filed merely to reflect been notified in writing	ions of all statut accept the oblig a change in the of this change.	agree to act in this capacity les relative to the proper and ation of my position as regi registered office address, I	l complete performanc stered agent. Or, if thi hereby confirm that the	e 3 3
By: Sign	uture of Registered Agent		4/21/10 Date		
If signing on bel	half of an entity:				
Mark Williams, A	.V.P., Business Filings Inco	orporateć			
Ту	ped or Printed Name	- 1000 1000			
* * * FILING FEE: \$35.00 * * *					
Ma			uda Department of Stat. ). Box 6327, Tallahassee		

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