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To:

Division of Corporations

Fax Number : (850

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 Phone : (850)521-1000

Phone : (850)521-1000 Fax Number : (850)558-1575 SECRETARY OF STATE

## REGISTERED AGENT CHANGE

BOOTS RETAIL USA INC.

RECEIVED 009 MAR 16 AM 8: 00 SECRETARY OF STATE ALLAHASSEE. FLORIDA

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

Fursuant 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 Delaware	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: BOOTS RETAIL USA INC.	
2. The principal office address: 6 Landmark Square, Suite 300, Stamford, CT 06901	_
	_
3. The mailing address (if different):	_
4. Date of incorporation/qualification: 04/06/2007 Document number: F07000001884	_
<ol><li>The name and street address of the current registered agent and registered office on file with the Florida Department of State:</li></ol>	
Florida Incorporators, Inc.	
8875 Hidden River Parkway, Suite 300	
Florida Incorporators, Inc.  8875 Hidden River Parkway, Suite 300  Tampa, FL 33637	
6. The name and street address of the new registered agent (if changed) and /or registered office	1
(if changed):  Corporation Service Company	2
1201 Hays Street	•
(P.O. Box NOT ecceptable)	
Tallahassee, FL 32301	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Annue PACKEN UP FINANCE (PRINCE OF TYPES THE MESS FOLO)	
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Corporation Service Company  By: Standard Company	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Sylvia Queppet, Assistant VP	
(Typed 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 (8/05)	