## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : CORPORATE CREATIONS INTERNATIONA
Account Number : 110432003053
Phone : (561)694-8107

Fax Number : (561)694-8107

\*\*Enter the email address for this business entity to be used for fullir annual report mailings. Enter only one email address please.\*\*

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REGISTERED AGENT CHANGE
ALCO STORES, INC.

Certificate of Status

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PLACING

FEB 15 2013

R. WHITE

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

Pressuant 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 Kansas in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: ALCO STORES, INC. 2. The principal office address: 401 COTTAGE STREET ABILENE KS 67410	
3. The mailing address (if different): 401 COTTAGE STREET ABILENE KS 67410	
4. Date of incorporation/qualification: 05/14/2007 Document number: F07000002597	
<ol><li>The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)</li></ol>	
NRAI SERVICES, INC.	
515 E. PARK AVENUE	
TALLAHASSEE FL 32301 US	
6. The name and street address of the name majestered arrant (if the need) and (or registrated office)	<u>-</u>
Corporate Creations Network Inc.	Π
11380 Prosperity Farms Road #221E	
Palm Beach Gardens, FL 33410	
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 of the corporation has been notified in writing of the change.	
Kristine Roy, Attorney-in-Fact	
A hereby accept the apprinment as regivered opent and agree to act in this capacity.  I further agree to complete with the provisions of all statutes relative to the proper and complete performance of my duties and Lon familiar with and accept the obligation of my position as registered upont. Or fit this dodument is being sted merely to reflect a change in the registered office address. I being the properties and the properties of this change.	
02/15/2013	
Signification of the graphs of Agent Date  If signing oil behalf of an entity:	
Kristine Rey, Special Secretary	
* * * FILING FEE: \$35.00 * * *	

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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