

**FLA00002259**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**\*RE-SUBMIT\***

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5369

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TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE  
MARS RETAIL GROUP, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	005
Estimated Charge	\$35.00

Attn: Annette  
Rumsey

RECEIVED

13 JAN 24 AM 8:57

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January 23, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MARS RETAIL GROUP, INC.  
100 INTERNATIONAL DRIVE  
MOUNT OLIVE, NJ 07828-1808

SUBJECT: MARS RETAIL GROUP, INC.  
REF: F12000002259

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

FAX Aud. #: H13000016754  
Letter Number: 113A00001694

P.O BOX 6327 - Tallahassee, Florida 32314

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mars Retail Group, Inc.  
Name of Corporation

F12000002259  
**DOCUMENT NUMBER:**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Stewart  
Name of Contact Person  
Mars, Incorporated  
Firm/Company  
6885 Elm Street  
Address  
McLean, Virginia 22101  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Heim  
Name of Contact Person at 973 691-3830  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant 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 DE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MARS RETAIL GROUP, INC.
2. The principal office address: 400 VALLEY ROAD, MOUNT ARLINGTON NJ 07856
3. The mailing address (if different): 100 INTERNATIONAL DRIVE, MOUNT OLIVE NJ 07828
4. Date of incorporation/qualification: 05/15/2012 Document number: F12000002259
5. 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)

NRAI SERVICES, INC.

515 EAST PARK AVENUE

TALLAHASSEE FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

[Signature]  
Signature of an officer or director

Annette M. Santos, Assistant Treasurer

[Signature]  
Typed or typed name and title

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.

C T Corporation System  
By: [Signature]  
Signature of Registered Agent

1/28/13  
Date

If signing on behalf of an entity: Marc St. Pierre  
Vice President and Assistant Secretary

[Signature]  
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

CR2E043 (03/12)

PLRNG - 10-15-2012 Welbeck-Kilmer-Online

FILED  
13 JAN 20 PM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA