F930000002341

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PICK-UP WAIT MAIL				
(Business Entity Name)				
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F93000002341

FLORIDA FILING & SEARCH SERVICES, INCE P.O. BOX 10662 TALLAHASSEE, FL 32302 PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 02-24-04

NAME: WICKS 'N' STICKS, INC.

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: \$35.00

RETURN:

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PAUL HO!

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

change is submitted f	sions of sections 607.0502, 617.0502, 607.12 For a corporation organized under the laws o ed office or registered agent, or both, in the l	f the State of Delaware	is statement of in order	
	orporation: WICKS 'N' STICKS, INC.			
2. The principal office address: 333 N Sam Houston Pkwy, Suite 610, Houston, TX 77060				
2. The principal offic	e address: 500 it Cari i louston i kwy, Care	3 010, Flodstoff, 1X 77000	2	
3. The mailing address	ss (if different): P.O. Box 1965, Cypress, T	X 77410	A THE	
4. Date of incorporati	ion/qualification: 05/11/1993 Do	cument number: F93000002341	FR 3	
5. The name and stree Florida Departmen	et address of the current registered agent and at of State:	registered office on file with the	TO THE PARTY OF TH	
CT	Corporation System			
120	0 South Pine Island Road			
Plar	ntation, FL 33324		_	
6. The name and stree (if changed):	et address of the new registered agent (if char	nged) and /or registered office		
Reg	istered Agents Legal Services, Inc.			
1333 North Duval Street				
(P.O. Box or personal mailbox NOT acceptable)				
Talla	ahassee, FL 32302			
The street address of changed will be iden	f its registered office and the street address trical.	of the business office of its registere	ed agent, as	
Such change was authorized by resolution duly adopted by it the board, or the corporation has been notified in writing of the change.				
N-A (Signatu	ure of an officer or director)	D. Ross Arthurs (Printed or typed name and title	ViceChairma	
	appointment as registered agent and agree inply with the provisions of all statutes relations with and accept the obligation of my preflect a change in the registered office ading of this change.	to act in this capacity. tive to the proper and complete per position as registered agent. Or, if t dress, I hereby confirm that the cor	formance of my his document is poration has	
Click at Cally 2/23/04 (Signature of Registered Agent) (Date)				
(Signa	ture of Registered Agent)	(Date)	4	
If signing on behalf	of an entity:			
MICHAEL	W. ASHCEY	UP		
(Тур	ed or Printed Name)	(Capacity)		

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