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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone: (212)431-5000

Fax Number : (212)431-1441

REGISTERED AGENT CHANGE

LEE JOFA DANIA, INC.

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SECRETARY OF STATE

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

of Florida.		fice or registered agent, or both, in the State	
1. The name of	of the corporation: LEE JOFA DANIA, INC.	<u> </u>	
2. The princip	al office address: 225 CENTRAL AVENUE S	OUTH, BETHPAGE, NY 11714	
3. The mailing	g address (if different):	1	
			
4. Date of inco	orporation/qualification: 7/11/1995	Document number: F95000003315	
	nd street address of the current registered ago partment of State:	ent and registered office on file with the	
	THE PRENTICE-HALL CORPORATIONS	SYSTEM INC.	
	1201 HAYS STREET, STE 105		
	TALLAHASSEE, FL 32301		
6. The name	and street address of the new registered ag	ent (if changed) and /or registered office (if	
changed): BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.			
	4435 OLD WINTER GARDEN ROAD		
	(P.O. Box or personal mailbox NO	Taccopiable)	
	ORLANDO, FL 32811		
The street add	ress of its registered office and the street ad	dress of the business office of its registered	
	was authorized by resolution duly adopted be the board, or the corporation has been notif		
LATTY	0 / '' //	MAKC MOE ASSI TO	
I furthér agrée performance o	ot the appointment as registered agent and a e to comply with the provisions of all statute of my duties, and I am familiar with and acc	is relative to the proper and complete tept the obligation of my position as	
registered age office address.	of my duties, and I am familiar with and acc nt. Or, if this document is being filed mere I hereby confirm that the corporation has	by to reflect a change in the registered been notified in writing of this change.	
		6-16-02	
\	Signature of Regulatored Agent)	(Date)	
G signing on bein	ASST	I_SECY.	
If signing on being JOSE MOJICA		177	
JOSE MOJICA	(Typod or Printed Name) CELL (3/) *** FILING FEE: \$3:	(Capacity)	