

F96000004756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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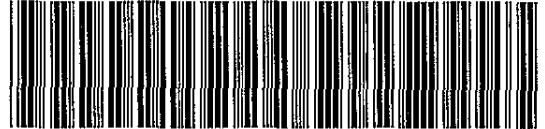
(Business Entity Name)

(Document Number)

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NewCo Corporate Services, Inc.

875 Avenue of the Americas
Suite 501
New York, NY 10001

Telephone: (212) 356-8340

Internet Address: theresa@newcocorporate.com

Fax: (212) 356-8379

November 2, 2005

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: BOOKS ARE FUN, LTD., INCORPORATED

Dear Sir/Madam:

Enclosed please find Statement of Change of Registered Office or Registered Agent or Both for Corporations. Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there is a problem, please contact the undersigned immediately at the following toll-free number 1-888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincerely yours,



Theresa Festa
Senior Corporate Specialist

Check # - 22112

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BOOKS ARE FUN, LTD., INCORPORATED
(Name of corporation)

DOCUMENT NUMBER: F96000004756

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:

Theresa Festa
(Name of person)

NewCo Corporate Services, Inc.
(Name of firm/company)

875 Avenue of the Americas, Suite 501
(Address)

New York, NY 10001
(City/state and zip code)

For further information concerning this matter, please call:

Theresa Festa at (212) 356-8351
(Name of person) (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
409 E. Gaines Street
Tallahassee, FL 32399

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

1. The name of the corporation: BOOKS ARE FUN, LTD., INCORPORATED
2. The principal office address: 1680 Highway 1 North, Fairfield, IA 52556
3. The mailing address (if different): P.O. Box 2468, Fairfield, IA 52556
4. Date of incorporation/qualification: _____ Document number: _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street, Suite 105

Tallahassee, FL 32301

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

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box or personal mailbox NOT acceptable)

Weston, FL 33331

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 of an officer or director)

Clifford H. R. Dupree, Secretary
(Printed 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.

NRAI Services, Inc.

by: 
(Signature of Registered Agent)

11-08-05
(Date)

If signing on behalf of an entity:

Delia Taliento
(Typed or Printed Name)

Asst. Secty.
(Capacity)

*** 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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