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|-------------------|---|-----------------|----------|----------------|-------------------|
| To:               |   |                 |          | <b> </b>       | Contract of       |
|                   | Division of Corpora   |                 |          | 4.7            |                   |
|                   | Fax Number : (  | 320) 01 /= 6380 | ,        | OF STATE FLORI |                   |
| From:             |   |                 | •        | E S            | 5 (200            |
|                   |   | T CORPORATION   | SYSTEM   | STATE          | 3                 |
|                   | Account Number : Fo   |                 |          | 를 그 그          | -                 |
|                   | Phone : (8 Fax Number : (8  | 350)222-1092    |          | . 😎            |                   |
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CT CORPORATION

1/30/2012

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J 1, .

January 30, 2012

FACTORY CARD OUTLET OF AMERICA LTD., INC.
25 GREEN POND ROAD
SUITE #1
ROCKAWAY, NJ 07866US

SUBJECT: FACTORY CARD OUTLET OF AMERICA LTD., INC.

REF: F96000006300

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 current name of the entity is as referenced above. Please correct your document accordingly.

There is no comma behind America in the name of the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tina Roberts Regulatory Specialist II FAX Aud. #: H12000024431 Letter Number: 212A00003008

12 FEB -2 AM 8: 15

P.O BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

| TO: Amendment Section<br>Division of Corpora |  |   |  |  |  |
|--|--|---|--|--|--|
| SUBJECT:                                     | Factory Card Outlet of A   | merica Ltd., Inc.                                     |  |  |  |
| <u>.</u>                                     | Name of Con  | poration  |  |  |  |
| DOCUMENT NUMBER:                             | F9600  | ¢006300   |  |  |  |
|  |  | gent and fee are submitted for filing.                |  |  |  |
|  | ence concerning this matter to   |   |  |  |  |
|  |  |   |  |  |  |
| <del></del>                                  | Name of Conta  | ct Person   |  |  |  |
|  | Thing of Some  |   |  |  |  |
|  |  |   |  |  |  |
| Firm/Company                                 |  |   |  |  |  |
|  |  |   |  |  |  |
| Address                                      |  |   |  |  |  |
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| v  | State of State Sta | T- /0-1-  |  |  |  |
|  | City/State and   |   |  |  |  |
|  | kphilips@pertyc  | ity.com<br>re annual report notification)             |  |  |  |
| E-man a                                      | adress: (to be used for full   | te annuar report innuracions                          |  |  |  |
| For further information conce                | eming this matter, please call   | <b>:</b>  |  |  |  |
|  | -  |   |  |  |  |
| Name of Con                                  | iact Person  | at ( ) Area Code & Daytime Telephone Number           |  |  |  |
|  |  |   |  |  |  |
| Enclosed is a \$35,00 check m                | hade payable to the Departme   | nt or scare.  |  |  |  |
| Mail   | ing Address:   | Street Address:                                       |  |  |  |
|  | ling Address:<br>endment Section   | Street Address:<br>Amendment Section                  |  |  |  |
|  | sion of Corporations   | Division of Corporations                              |  |  |  |
|  | Box 6327   | Clifton Building                                      |  |  |  |
| Talla  | ahassee, FL 32314  | 2661 Executive Center Circle<br>Tallahassee, FL 32301 |  |  |  |
|  |  |   |  |  |  |
| CR2E045 (8/05)                               |  |   |  |  |  |
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FLORE - 07/13/2009 C T System Online

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

| statement of c   | hange is submitted for a co   | rporation organiz  | 607.1508, or 617.1508, Flo<br>ed under the laws of the Stat<br>ed agent, or both, in the Stat   | se of Illinois   |  |  |
|--|---|--|---|--|--|--|
|  | of the corporation: Factory C   | -  | <u> </u>  |  |  |  |
|  |   |  | Suite#1, rockaway, n.   | J 07866  |  |  |
| 3. The mailing   | g address (if different): 25 G  | REEN POND ROA  | ad, suite#1, rockawa  | Y, NJ 07866  |  |  |
| 4. Date of inco  | orporation/qualification:   | 12/03/1996   | Document number:  | F96000006300   |  |  |
|  | nd street address of the curr<br>artment of State; (If resigns  |  | nt and registered office on fi  | le with the  |  |  |
|  | CORPORATION SERVI   | CE COMPANY   |   |  |  |  |
|  | 1201 HAYS STREET  |  |   |  |  |  |
|  | TALLAHASSEE, FL 32301-2525  |  |   |  |  |  |
| 6. The name at<br>(if changed)   |   | registered agent (   | if changed) and for registere   | 12 JAN 30 PM   |  |  |
| `  | C T Corporation System  |  |   | TO T   |  |  |
|  | u/o C T Corporation Syste   |  |   | O PH 2: 32 SSEE FLORIDA  |  |  |
|  | Di Di 73334   | P.O. Box NOT ac  | ceptable  | Bri, N   |  |  |
|  | Plantation, Florida 33324   |  |   |  |  |  |
| The street add as changed wi   | ress of its registered office<br>ll be identical.   | and the street ad  | dress of the business office  | of its registered agent,   |  |  |
| Such change vauthorized by   | vas authorized by resolution<br>the board, or the corporati   | n duly adopted b<br>on has been notif  | y its board of directors or b<br>ied in writing of the change   | y an officer so<br>s.  |  |  |
| Robert O'Byrne   |   |  | Robert O'Byrne, V   | ice President  |  |  |
| I hereby accer<br>I further agree<br>of my duties, a<br>document is be<br>corporation he | the of an officer or decelor Vices if the appointment as regis is to comply with the provis and I am familiar with and ring filed merely to reflect us been notified in writing | President tered agent and a lons of all statute accept the obligate a change in the rof this change. | Philed or typed name<br>igree to act in this capacity<br>is relative to the proper and<br>tion of my position as regi-<br>egistered office address, 1 | md lille<br>i complete performance<br>stered agent. Or, if this<br>hereby confirm that the |  |  |
|  | Corporation System  | <del></del> ·  | 1/20/201  |  |  |  |
| <del>-3.</del>   | guitting of the strong Agent  | <del></del>  | Date  |  |  |  |
| - *  | ehalf of an entity: <b>Kristin Bo</b> <u>Agaistant So</u> Typed or Printed Name   | olden<br>ecretary  |   | •  |  |  |
|  | **  | * FILING FEE:  | \$35.00 * * *   |  |  |  |
| λ  | MAKE CHECKS PA<br>(AA), TO: DIVISION OF COR   | yable to Flori<br>porations, P.O.  | da Department of Stati<br>Box 6327, Tallahassee,  | 8<br>,FL 32314   |  |  |

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CR2E045 (8/05)