F98000000623

Document Number Only

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

W.P. Verifier____

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CORPORATION(S) NAME Homegoods, Inc. () Profit () Amendment () Merger () Nonprofit () Foreign () Dissolution/Withdrawal () Mark () Reinstatement () Limited Partnership () Annual Report () Other ()LLC () Name Registration (x) Change of RA () Fictitious Name () UCC () Certified Copy () Photocopies () CUS () Call When Ready () Call If Problem () After 4:30 (x) Walk In () Will Wait (x) Pick Up () Mail Out Name Availability Document Examiner Updater____ Verifier Acknowledgement

4-19-99

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.050: Florida Statutes, the undersigned corporation o Delaware submits the following statement or registered agent, or both, in the State of Flori	rganized under the laws of the State of nt in order to change its registered office
1a. The name of the corporation is: Homegoods	, Inc.
1b. Date of incorporation 3/2/93	Document number F98000000623
2. The name and address of the current regist	ered agent and office:
The United States Corporation Service Com	mpany 76 6
1201 Hays Street, Tallahassee, FL 32301	
3. The name and address of the new registers (P.O. Box Not Acceptable) C T CORPORA	ed agent and office:
c/o C T CORPORATION SYSTEM, 1200 South Pi	ne Island Rd., Plantation Prorida 33324
The street address of its registered agent and of its registered agent as changed will be idented	the street address of the business office ical.
Such change was authorized by resolution duly an officer so authorized by the board.	
SIGNATURE 47 99 DATE	(Type or printed name and title)
HAVING BEEN NAMED AS REGISTERED AG	ENT AND TO ACCEPT SERVICE OF ORATION AT THE PLACE DESIGNATED

PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

SIGNATURE BY:	Ann L	ant left)
DATE Kenil	12, 199	stered Agent)	AMY BERTELETTI AL ASSISTANT SELVETAR

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

CR2E045 (7-91)

Filing Fee: \$35.00