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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY Account Number : 120000000195
Phone : (850)521-1000
Fax Number : (850)558-1515 Fax Number

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Email Address:

REGISTERED AGENT CHANGE CUSTOM DECORATORS, INC.

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

statement of cha	provisions of sections 607.0502, 617.0502, 6 nge is submitted for a corporation organized r to change its registered office or registered	l under the laws of the State of <u>Ore</u>	gon		
1. The name of t	he corporation: CUSTOM DECORATO	RS, INC.			
2. The principal	office address:				
3. The mailing a	ddress (if different):				~
4. Date of incorp	poration/qualification: 10/12/1998	_ Document number: F98000005	682		
	street address of the current registered agent tment of State:	t and registered office on file with the	he dea		
	C T Corporation System			5	
	1200 South Pine Island Road			SEP	1 2 2 2 2
	Diametrian El 22224			0	alizatis
6. The name and (if changed):	street address of the new registered agent (in			PH 12: 0.	
	Corporation Service Company			i ge	
	1201 Hays Street		. Ver		
	(P.O. Box NOT acceptable)				
The street address changed will	ss of its registered office and the street add be identical.	lress of the business office of its re	gistered	agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by the board, or the corporation has been notified	its board of directors or by an offed in writing of the change.	icer so		
Des		Blanca Lozada, Attorney in Fact			
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and a to comply with the provisions of all statutes d I am fumiliar with and accept the obligat ng filed merely to reflect a change in the re been notified in writing of this change.	(Printed or typed name and talle) gree to act in this capacity, s relative to the proper and comple tion of my position as registered a ggistered office address, I hereby o		rmance r, if thi: hat the	25
By: St. U	on Service Company	09/08/2010			
	mature of Registered Agent)	(Date)			
If signing on be	half of an entity:				
Sylvia Queppe	et, Asst. Vice President				
(1	yped or Printed Namo)				
	* * * FILING FEE:	\$35.00 * * *			