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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

05-14-2012

NAME:

SPECIALTY RETAILERS, INC.

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST:

\$35

**RETURN: PLAIN COPY** 

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

ABBIE/PAJ/L HOT

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

Pursuant to the particular statement of cha	e provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Sta hange is submitted for a corporation organized under the laws of the State of Te	xas
in orde	der to change its registered office or registered agent, or both, in the State of Flor	rida.
1. The name of t	f the corporation: SPECIALTY RETAILERS, INC.	·
	al office address: 10201 Main Street , TX 77025	<u> </u>
3. The mailing a	g address (if different):	
4. Date of incom	orporation/qualification: Oct 12, 1998 Document number: F98	3000005690
	nd street address of the current registered agent and registered office on file with artment of State: (If resigned, enter resigned)	the
	CT Corporation System	
	1200 South Pine Island Road	
·	Plantation, Florida 33324	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office ):	•
•	National Corporate Research, Ltd., Inc.	
	155 Office Plaza Drive,	
	P.O. Box NOT acceptable	
	Tallahassee, Florida 32301	
The street addre as changed will	lress of its registered office and the street address of the business office of its r ill be identical.	egistered agent,
Such change was authorized by the	was authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	fficer so
/la The	time of an officer or director    Ke there is no file of typed partie and title	ice Pres.
l hereby accept I further agree t of my duties, an document is bet corporation has	of the appointment as registered agent and agree to act in this capacity, e to comply with the provisions of all statutes relative to the proper and compl and I am familiar with and accept the obligation of my position as registered o eing filed merely to reflect a change in the registered office address, I hereby as been notified in writing of this change.	lete performance igent. Or, if this confirm that the
Sign	S/10/26/2 Signature of Registered Agent Date	-
If signing on be	behalf of an entity:	
Lucy Daw	wson, Assistant Secretary	
T)	Typed or Printed Name	
•	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)