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June 29, 1999

## VIA CERTIFIED MAIL

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 200002922652--7 -07/02799-01084--002 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Re:

Wadsworth & Owens Decorating Center, Inc.

Statement of Change of Registered Office/Agent

Dear Sir/Madam:

Enclosed for filing with your office are one original and one copy of the Statement Change of Registered Office/Agent of Wadsworth & Owens Decorating Center, Inc., a Florida comporation.

Also enclosed is a check in the amount of \$35.00 to cover the fee for filing Statement.

Please return a file-stamped copy of the Statement to the undersigned in the self-addressed, stamped envelope provided. Thank you for your assistance and cooperation in this matter.

Very truly yours,

SMITH, GAMBRELL & RUSSELL, LLP

Lucy Kimsey

Legal Assistant

/lk Enclosures 642737

RA Chg.

V. SHEPARD JUL 1 2 1999.

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

the undersigne	d corporation org	anized under the laws of	the State of Flor	
submits the fol	lowing statement	in order to change its re	gistered office or re	egistered agent, or both, in
the State of Flo				. T
1. The name of	f the corporation i	s: Wadsworth & Owen	s Decorating Cen	ter, Inc.
<u> </u>			<del></del>	
2. The mailing	address of the co	rporation is: 210 TownPa	ark Drive, Kenne	saw, Georgia 30144
3. Date of inc	orporation/qualific	cation: 6/23/83	Docum	nent_number: G44795
4. The name a	nd address of the	current registered agent a	nd office:	
	David B. Wa	Jeworth		Acceptable)
	708 North D:	ixie Freeway		- 46
5 AT	New Smyrna	Beach, Florida 32168	office (D. O. P.Most	A countable)
o. The name a	nd address of the	new registered agent and	omce: (P. O. Bewo	Acceptable)
	CT Corporat	ion System	· · · · · · · · · · · · · · · · · · ·	
	1200 South	Pine Island Road		<b>-</b> · · ·
	Plantation,	Florida 33324		
agent, as chan	ged, will be ident	ical.		ness office of its registered
Such change v	was authorized by	resolution duly adopted	by its board of dire	ectors or by an officer so
authorized by the board.				6-2229
(Signatu	re of an officer, chairm	an or vice chairman of the board	i)	(Date)
	DeGrace, Presi (Printed or ty)			
I turther agres	e to comply with to of my duties, and	ed agent and to accept see appointment as registe the provisions of all stat I am familiar with and a	uies reiauve io ine i	r the above stated e to act in this capacity. proper and complete n of my position as
regisiereu age				6-25-95
	(Signature of Registere	Agent		(Date)
If signing on beh	alf of an entity:	ASSISTANT	FAULTMAN SECRETARY (C	
	(Typed or Printed Nan	e) 🛴	TARY (C	apacity)
	·	* * * FILING FEE: \$3		, . , .
CR2E045(7/97)			-	•

P.O. Box 6327

DIVISION OF CORPORATIONS

TALLAHASSEE, FL 32314