J47223

(1	Requestor's Name)	
(/	Address)	
(4	Address)	
(0	City/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(I	Bu sine ss Entity Nar	ne)
(Î	Document Number)	
ertified Copies	Certificates	s of Status
Special Instructions t	to Filing Officer:	

Office Use Only



300009683283

03 JAN -2 PM 2: 36 SECRETARY OF STATE TALLAMASSET, FLORIO

DIVISION COURS BINDER DIVISION COURSELFLORION AGINO 1-133884HAJJAT

03 TW - S LH S: SI

R.A. Change

T BROWN IN



ACCOUNT NO. : -072100000032 REFERENCE : _868782 4720431 AUTHORIZATION COST LIMIT : =\$ 35.00 ORDER DATE: December 23, 2002 ORDER TIME : 12:13 PM ORDER NO. : 868782-520 CUSTOMER NO: 4720431 CUSTOMER: Ms. Tina Grodziski 😑 Charming Shoppes, Inc. 450 Winks Lane Bensalem, PA 190200000 _____ CHANGE OF AGENT NAME: FASHION BUG #2112, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Ta-tanisha Adams =- EXT# 1131 EXAMINER:

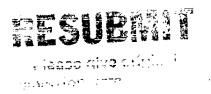


January 3, 2003

CSC TA-TANISHA ADAMS TALLAHASSEE, FL

SUBJECT: FASHION BUG #2112, INC.

Ref. Number: J47223



Letter Number: 903A00000321

We have received your document for FASHION BUG #2112, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown Document Specialist

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

-	- ·	617.0502, 607.1508, or 617.1508, Flor	•
, ,	•	ation organized under the laws of the Sta	· ·
	<u>i</u> n oraer to change us regis	stered office or registered agent, or both	, in the State
of Florida.	magation, Electron, Duc. #21:	10 7570	
	_	12, INC.	
2. The principal office	address:	<u> </u>	
3924 S. Dale Mabr	y, Corp. Tax Dept., Tamp	pa, FL_33611	
3. The mailing address	(if different): 450 Winks La	ane, Corporate Tax, Bensalem, PA 190	20
4. Date of incorporatio	n/qualification: December 1	11, 1986 Document number: <u>547223</u>	
5. The name and street Florida Department	-	stered agent and registered office on file w	vith the
CTC	orporation System		4 of 03
1200 5	South Pine Island Road		1000年
Planta	ation, FL 33324		25.5
6. The name and stree changed):	et address of the new regis	stered agent (if changed) and /or register	red office (if?
Corpor	ation Service Company		alt.
1201 H	ays Street (P.O. Box or personal)	mailbox NOT acceptable)	ν
Tallah	assee, FL 32301	*	
The street address of it agent, as changed will	ts registered office and the be identical.	street address of the business office of it	s registered
		dopted by its board of directors or by an een notified in writing of the change.	officer so
(Signature of an officer, chairman	or vice chairman of the board)	Maureen Cullen, Attorney-in-Fact (Printed or typed name and title)	
I further agree to comperformance of my duit registered agent. Or, it	ply with the provisions of a ties, and I am familiar with if this document is being fil	ent and agree to act in this capacity. Il statutes relative to the proper and com and accept the obligation of my position led merely to reflect a change in the regi tion has been notified in writing of this c	rī as stered
(Signature of	M. CUUL f Registered Agent)	December 31, 2002 (Date)	
If signing on behalf of an e	ntity:	- -	
Jacqueline M. Giles (Typed or P	rinted Name)	Assistant Vice President (Capacity)	
(15000011		(Capacity)	

* * * FILING FEE: \$35.00 * * *