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REGISTERED AGENT CHANGE

THE RAG SHOP/PEMBROKE PINES, INC.

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

	_	0502, 617.0502, 607.1508, or 617.1508, Florida Statu	tes,	
		rporation organized under the laws of the State of		
Florida	in order to change its	registered office or registered agent, or both, in the St	ate	
of Florida.				
1. The name of	the corporation: THE RAG SE	HOP/PEMBROKE PINES, INC.		
2. The principal	office address: 111 Wagaraw	Road, Hawthorns, NJ 07506-2711	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification; 06/22/1	987 Document number: 178821		
	i street address of the current tracnt of State:	registered agent and registered office on file with the		
_	THE PRENTICE-HA	LL CORPORATION SYSTEM, INC.	0 4	
	1201 HAY	VES STREET, SUITE 105	1 34	
- -	TALL	AHASSEE FL 32301	C.	
6. The name an changed):	d street address of the new	registered agent (if changed) and /or registered office	(if O	
omangou).	CT Corporation System		· 注	
·	c/o C T Corporation System		200	
_	(P.O. Box or personal mallbox NOT acceptable)			
		and Road, Plantation, Florida 33324		
The street addre agent, as change	ss of its registered office and id will be identical.	d the street address of the business office of its registere	ed	
(0)	Mark	uly adopted by its board of directors or by an officer so has been notified in writing of the change. Stephen G. Marble, Vice President	ł	
	chairman or vice chairman of the board)			
I hereby accept I further agree t performance of registered agen office address, I	the appointment as registere o comply with the provisions my duties, and I am familiar t. Or, if this document is bet hereby confirm that the cor,	ed agent and agree to act in this capacity, s of all statutes relative to the proper and complete with and accept the obligation of my position as ing filed merely to reflect a change in the registered poration has been notified in writing of this change.		
0(1)	Corporation System	24		
By:	frature of Registered Agent)	October 7 , 2004 (Caste)		
 If signing on behalf		\ /		
	Peter F. Souzz	Assistant Secretary		
(T)	yped or Printed Name)	(Capacity)		

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

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