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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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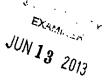


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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: AA FLORIDA BRIDAL RETAIL COMPANY, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Denise Fowler** 

Name of Person

Registered Agents Legal Services

Firm/Company

1220 N Market Street, #806

Address

Wilmington, DE 19801

City/State and Zip Code

K Soldinia AFRED AUGELU COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Fowler

...800

400-6650

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:** 

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:   A FLORIDA BRID	AL RETAIL COMPANY			_
2. (a) Principal office address of limited liability compa	omari, 1301 Virolola Drhm			
(Note: MUST BE STREET ADDRESS)	Suite 110			_
(Note: MOST DE STREET NOORESS)	Ft. Washington, PA 19037		~ ~	_
		prome 1 and	===	_
(b) Mailing address of limited liability company:	1301 Virginia Drive		نت	
(Note: MAY BE POST OFFICE BOX)	Sulte 110	<del></del>		_ `~
(MARIE DE TOST OF TICE BOX)	Ft. Washington, PA 19037	· · ·		
	Ta washington, CA 1000	10 - 1	2.3	
		** -<	2	è
02/10/2004	L04000011049	<u> </u>	J.>	_["
3. Date of filing/registration in Florida	4. Document number	دري اسم	35	2
		<u>8</u> 67 ₹18	ထ္	-
5. (a) Registered Agent and Registered Office shown of		Dept_of Stat	2	
Registered Agent:	Registered Agents Legal Services, Inc.			_
Desistered Office Address.	455 OK - DI - DI			
Registered Office Address:	155 Office Plaza Drive			
	Suite A			
	Tellahassee, FL 32301			_
NEW Registered Agent:	Registered Agents Legal Services, LLC	<u> </u>		_
NEW Registered Office Address:				_
(MUST BE FLORIDA STREET ADDRESS)		TY		_
	<del></del>	,FL		_
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	e Florida street address of the entical. Or, in the case of a Fe(s) was/were authorized by a wise provided in the articles	registered o lorida limite n affirmativ	office ed e vote	of
Signature of a member or authorized representative of a member				
PAUL QUENTEL - PRESIDENT				
Printed or typed name of signee	<del></del>			
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability comp	d agree to act in this capacity proper and complete perforn position as registered agent merely reflect a change in the any has been notified in writi	y. I further to tance of my as provided to registered ing of this c	agree t duties, for in office hange.	<b>о</b>

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00