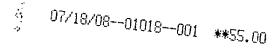
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



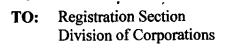
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SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS
JUL 2 1 2008
EXAMINER

COVER LETTER



SUBJECT: Celebrations Bridal & Gifts	: II C		
(Name of	Limited Liabi	ility Company)	
Dear Sir or Madam:	1 !		
The enclosed Registered Agent/Registered	Office Chang	e and fee(s) are submitted for	filing.
Please return all correspondence concerning	g this matter t	to the following:	
Donna Cuntar	., ``		
Donna Gunter			7(0
(Name of Person)			跨星
			题 —
Celebration Bridal & Gifts, LLC			JUL 18 PM 1:45
(Firm/Company)		·	Fig 是
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704.44 % 01 4	1		经 元
781 Main Street			Su o
(Address)			
Chipley, FL 32428			
(City/State and Zip Code)			
(Oly/Sullo and Zip Code)			
For further information concerning this mat	tter, please ca	11:	
Donna Gunter	at (850	638-3541	_
(Name of Person)		(Area Code & Daytime Telep	ohone Number)
STREET/COURIER ADDRESS:		AILING ADDRESS:	
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	, .	manassee, Pionga 32314	
Enclosed is a check for the following	ing amount:	.	
\$25 Filing Fee	7 5	S55 Filing Fee & Certified Cop	y
			•

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. The name of the limited liability company is: Celebrations Bridal & Gifts, LLC 2. The mailing address of the limited liability company is : 781 Main Street, Chipley, FL 32428 L06000088788 September 6, 2006 4. Document number 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Karen Aukema Name 355 Hwy 90 Address Chipley, FL 32428 City, State and Zip 6. The name and address of the new registered agent and/or office: Donna Gunter Name 390 Highway 273 Florida street address (P.O. Box NOT acceptable) Chipley 32428 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) Donna Gunter (Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. (Signature of Registered Agent)

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