Fax Server Division of Corporations

1/018 Florida Department of State

Fax Server

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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

Account Name

: CORPORATION SERVICE COMPANY

Account Number: I2000000195 Phone

: (850)521-1000

Fax Number

: (850)558-1575

## REGISTERED AGENT CHANGE

DAVID'S BRIDAL, INC.

Certificate of Status	0
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EXAMINER

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: DAVID'S BRIDAL, INC.	
2. The principal office address:	
1001 Washington Street, Conshohocken, PA 19428	_
3. The mailing address (if different):	
4. Date of incorporation/qualification: 08/29/1990 Document number: L96535	_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
C T Corporation System	
1200 South Pine Island Road	
Plantation, FL 33324	
Plantation, FL 33324  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	SALOION OF C
Corporation Service Company	
. 1201 Hays Street	
(P.O. Box NOT acceptable)	
Tallahassee, FL 32301	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Maureen Cullen, Attorney in Fact  Stynastre of an other or director)  Maureen Cullen, Attorney in Fact  (Printed or types name and title)	
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 obligation of my position as registered agent. Or, if this document is being filed merety to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Comporation Service Company  By: W. Chelle R. Vanner 9-14-19  (Signature of Registered Agent)  (Date)	
If signing on behalf of an entity:	
Michelle R. Vannoy, Asst. V.P.  (Typed or Printed Name)	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)