198000001648

SPECIALTYMARTS, L.L.C. 450 Acorn Lane Downingtown, PA 19335

September 27, 2002

500008124625---S -10/01/02--01026--005 *****25.00 ******25.00

Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: SpecialityMarts LLC

Document #L98000001648

Change of Registered Office or Registered Agent

Enclosed you will find two signed originals of our request to Change Registered Office or Registered Agent for SpecialtyMarts LLC along with our check in the amount of \$25.00.

Sincerely,

Ceil Costigan

Contract Administrator

Enclosure

O2 OCT -1 AM IO: 51
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

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Updater Verifyer)C C
Acknowledge	DCC
W. P. Verifyer	ηCC

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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 limit	ed liability comp	oany is: SPECIALT	YMARTS, L.L.C.	
2. The mailing address of	of the limited liab	oility company is:	450 Acorn Lane,	
Downingtown, PA 19355				
8/27/98			L98000001648	
		4. Document num	ıber	
5. The name of the regist Florida Department of	tered agent and the State:	he registered office	e address as shown o	n the records of the
•	Sloane A. Richar	rd		
		Name		
	430 South Congr			
	430 South Congr	Address		
	Delray Beach, FI			
	Donay Boating 12	City, State and 2	Zip	-
6. The name and address	of the new regis	stered agent and/or	office:	
	C T Corporation S	System		
	*	Name		02 TAI
•	1200 South Pine Is	sland Road		
	Florida street	address (P.O. Box	NOT acceptable)	FIII. ETAR
	Plantation	FL 33324	!	
		City, State and Zi	p	TES E 9
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement the operating agreement specially must great a light of a member or authorized the control of a member or authorized the confirmation of a member	change or change f the registered a creby confirmed ed liability comp of the limited lia	es are made, the Florgent will be idention that the change(s) pany or as otherwishility company.	orida street address of cal. Or, in the case of was/were authorized	of the registered office of a Florida limited I by an affirmative vote o
Dean Pic (Printed or typed name of signed	ciotti		-	•
I hereby accept the apper comply with the provision and I am familiar with a Chapter 608, F.S. Or, it address, I hereby confirm Strong Corporation System (Signature of Registere d Agen)	ns of all statutes nd accept the obli- this document is n that the limited	relative to the pro ligations of my pos being filed to mer	per and complete pe sition as registered a cely reflect a change	igent as provided for in in the registered office
		ions, P.O. Box 632	27, Tallahassee, FL	32314

FILING FEE: \$25.00

Special Assistant Secretary FL015-9/27/99 CT System Online

INHSIMARGARET E. ROUTZAHN