M01000002694

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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| Special Instructions to Filing Officer: |
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TALLARIASSEE, FLORIDA

OR SFEB I PH 4:07



ACCOUNT NO. : 072100000032

REFERENCE: 813253 7356589

AUTHORIZATION

COST LIMIT :

ORDER DATE: November 8, 2002

ORDER TIME : 2:45 PM

ORDER NO. : 813253-240

CUSTOMER NO: 7356589

CUSTOMER: Ms. Suzanne Leblanc

The Paradies Shops

5950 Fulton Industrial Blvd.

Atlanta, GA 30336

CHANGE OF AGENT

NAME: PARADIES SHOPS, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon/ceh

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.

| agoin, or oom, in the plane of I to the | | |
|--|--|--|
| 1. The name of the limited liability company is: PARADI | ES SHOPS, L.L.C. | |
| 2. The mailing address of the limited liability company is |);, | |
| P.O. Box 43485, Atlanta, GA 30336 | | |
| | 03 | |
| December 4, 2001 | M01000002694 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. The name of the registered agent and the registered offi Florida Department of State: | | |
| CT Corporation | System | |
| Florida Department of State: CT Corporation System Name | | |
| 1200 South Pine Island Road | | |
| Address | | |
| Plantation, FL 33324 | | |
| City, State and Zip | | |
| 6. The name and address of the new registered agent and/ | or office: | |
| Corporation Service | ce Company | |
| Name | | |
| 1201 Hays Str | reet | |
| Florida street address (P.O. Box NOT acceptable) | | |
| (| , | |
| Tallahassee FL | 32301 | |
| City, State and Zip | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise the operating agreement of the limited liability company. | Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of | |
| (Signature of a member or authorized representative of a member) | | |
| Laura R. Dunlap, Attorney in Fact (Printed or typed name of signee) | <u> </u> | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability company | agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in verely reflect a change in the registered office ny has been notified in writing of this change. | |
| Conthat Harris (Signature of Registered Agent) Cynthia L. Harris as its agent | | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) FILING FEE: \$25.00