Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620

Phone : (608)827-5300

Fax Number

: (608)827-5501

REGISTERED AGENT CHANGE

ertificate of Status	0
ertified Copy	1
age Count	02
stimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help



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 compar	ny is: Little Me Retail Stores of Orlando, Florida I	LC
2. The mailing address of the limited liabil	ity company is :	-
12101 Upper Potomac Industrial Park, Cumberlan	nd, Maryland 21502	<u>. </u>
1/30/2003	M0300000382	
3. Date of filing/registration in Florida	ation in Florida 4. Document number	
5. The name of the registered agent and the Florida Department of State:	registered office address as shown on the re	ecords of the
Corporation Service	······································	
1201 Hays Street	Name	
	Address	. 0
Tallahassee, Florid		O6 A
	City, State and Zip	APR APR
6. The name and address of the new register	ared agent and/or office:	黎二二
Business Filings I	ncorporated	
1203 Governors S	Name quare Blvd, Suite 101	AM IO: 2:
Florida street a	ddress (P.O. Box NOT acceptable)	≯m cr
Tallahassee	FL 32301-2960	
C	City, State and Zip	
and the business office of the registered age	are made, the Florida street address of the reent will be identical. Or, in the case of a Float the change(s) was/were authorized by an any or as otherwise provided in the articles of lity company.	egistered office ofida limited affirmative vote of
Ronald W. Stuart, VP of Finance (Printed or typed name of signee)		
I hereby accept the appointment as register compty with the provisions of all statutes reand I am familiar with and accept the obliging Chapter 608, F.S. Or, if this document is a address, I hereby confirm that the limited in		I further agree to nee of my duties, provided for in egistered office of this change.
(Signature of Registered Agent) Business Filings	Encorporated, Mark Schiff, AVP	
	as, P.O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

HY. MXC 494542

INH\$18(10/99)