## MU400004653

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	<u>.</u>
型师ed Copies	_ Certificates of	Status
Special Instructions to	/ 1	
	Office Use Only	



600064274906

2006 FEB -1 AM DI CA

RES-1 PMP: 51

2006 FEB - I AM 10: OL SECRETARY OF STATE TALLAHASSEE, FLORIDA

EILED



ACCOUNT NO. : 072100000032

7126280

REFERENCE: 744300

AUTHORIZATION :

COST LIMIT : \$ 5.0

ORDER DATE: December 7, 2005

ORDER TIME : 9:58 AM

ORDER NO. : 744300-340

CUSTOMER NO: 7126280

## CHANGE OF AGENT

NAME: HOOP RETAIL STORES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

## 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 i	s: HOOP RE	TAIL STORES, LLC	<del></del>	
7. The mailing address of				, Secaucus, NJ 07094	
- I III IIIIIII ada oo oo					
October 28, 2004			M0400004653		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of S	ed agent and the reg	gistered offic	e address as showr	on the records of the	
•	United (	Corporate Servi	ces, Inc.	_	
•		Name			
	9200 South Dadeland Blvd., Suite 508				
	Address				
	Miami, FL 33156  City, State and Zip				
	·	•	•	100 m	
6. The name and address o	t the new registered	agent and/o	r office:	能量に	
	Corpora	tion Service Co	ompany	TALLAHASSEE, FLORID.	
•	Name		か		
· -		01 Hays Street	<del> </del>	. <b>7</b>	
	Florida street addre	ess (P.O. Bo	x NOT acceptable)	1	
	Tallahassee	FL	32301		
•	City	, State and Z	ip	•	
If the limited liability componitive that after the chand the business office of the liability company, it is here of the members of the limit or the operating agreement	ange or changes are	made, the F	lorida street addres	ss of the registered office	
(Signature of a member or authorize	ed representative of a mer	mber)	<del></del> ·		
NEAL GOLDBER (Printed or typed name of signee)	MANAGER		_		
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	itment as registered of all statutes relat accept the obligati its document is bein that the limited liab	l agent and a live to the prons of my po g filed to me ality compan	gree to act in this oper and complete sition as registered rely reflect a chang has been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.	
(Signature of Registered Agent)				•	
(2) Rustine de Verristeren Waltu) 2	ylvia Queppet, Asst. Vi	ce President			

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