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SECRETARY OF STATE
ALLAHASSEE, FLORIDA





January 30, 2007

Via First Class Mail

Division of Corporations Florida Department of State P. O. Box 6327 Tallahassee FL 32314

RE: Change of Agent forms

Attached please find the change of agent forms for the following entities:

Advantage Sales & Marketing LLC

In-Store Opportunities,

Retail Merchandising Xpress LLC

Retail Store Services LLC

Also please find the appropriate checks to cover your filing fees.

Please process as soon as possible and post a filed stamped copy of each on your website as evidence that the change has been completed.

If you have any questions or if I can help you in any way possible, please call.

Very truly yours,

CHARLES BACLET AND ASSOCIATES, INC.

Terry Tarwater

Enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR

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 limite	d liability company	is: RETAIL	MERCHANDISI	NG XPR	ESS L	LC		
2. The mailing address of							<u> </u> .	
May 11, 2005		M05000002508						
3. Date of filing/registrati	on in Florida	•	4. Document n	umber				
5. The name of the registe Florida Department of S		egistered offic	e address as show	n on the	record	s of the		
	Corpora	tion Service	Company		1			
		Name						
	1	201 Hays Str Address	eet	_				
	Telle	Address ahassee, FL	22201					
		ity, State and		- ¼			•	
6. The name and address of	of the new registered	d agent and/o	r office:	ECRE LLAH	2007 FEB			
	NR	Al Services,	Inc.	TAF ASS	(
	2731 Execu	Name tive Park Dri	ve, Suite 4	Y of SEE, F	D Ş		`	
	Florida street addı	ress (P.O. Bo	x NOT acceptable	of STAT	?	O		
	Weston	FL	33331	_ <u>S</u>	9			
	City	, State and Z	ip					
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of (Signature of a member or authorized Paul J. Hagan, Authorized	the registered agent eby confirmed that a liability company of the limited liability zed representative of a me	e made, the F will be ident the change(s) or as otherwi y company.	lorida street addres	s of the :	registe orida l	red office		
(Printed or typed name of signee)	. 1 013011							
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm NRAI Services, Inc. (Signature of Registered Agent	1/1/209-		gree to act in this of the complete of the com	capacity. perform I agent a ge in the in writin	I furi ance o is prov regist ig of th	ther agree of my duti- ded for i ered offic his chang	e to es, in e e.	

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