## 106000006533

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
|   |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (*121.555)                              |  |  |  |  |  |  |
| (6) (0) (7)                             |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| []                                      |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| AL                                      |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |





800087367308

02/05/07--01067--006 . \*\*25.00

2001 FEB -5 P 2: 17
SECRETARY OF STATE
VALLAHASSEE, FI DORE

## 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 limite  | ed liability company   | is: RETAIL   | STORE SERVICE   | S LLC  | <u>.</u> .  |  |
|--|--|--|---|--|---|--|
| 2. The mailing address o   |  | •  | •   |  |   |  |
| November 28, 2006  |  | M06000006533   |   |  |   |  |
| 3. Date of filing/registration in Florida  |  |  | 4. Document number  |  |   |  |
| 5. The name of the register Florida Department of  |  | gistered office  | e address as shown  | on the records o   | f the   |  |
|  | Corpora  | tion Service (   | Company .   | _  |   |  |
|  |  | Name   |   |  |   |  |
| 1201 H   |  |  | eet   | - As   |   |  |
| Address<br>Tallahassee, FL 32  |  |  | 2301  | (  |   |  |
|  | Ci   | ty, State and Z  | Zip   | I FEB<br>RETA<br>AHAS  |   |  |
| 6. The name and address  | of the new registered  | l agent and/or   | office:   | ARY C  |   |  |
|  | NR   | AI Services, l   | nc.   | ם הלה  | $\overline{\Box}$   |  |
|  | 2731 Execu   | Name<br>tive Park Driv   | ve, Suite 4   | 2: 17<br>STATE<br>ORIDA  | O   |  |
|  | Florida street addr  | ess (P.O. Box  | NOT acceptable)   | 4 7  |   |  |
|  | Weston   | FL   | 33331   |  |   |  |
|  | City   | , State and Zi   | p   |  |   |  |
| If the limited liability conconfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limited that | nange or changes are<br>the registered agent<br>reby confirmed that the<br>d liability company of<br>the limited liability | made, the Fl<br>will be identi<br>the change(s)<br>or as otherwise<br>company. | orida street address  | of the registered  | d office  |  |
| Paul J. Hagan, Authorized<br>(Printed or typed name of signee)   |  |  | -   |  |   |  |
| I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or if it address, I hereby confirm NRAI Services, Inc.  (Signature of Registered Agen  | Williag  |  | pree to act in this co<br>per and complete p<br>ition as registered<br>ely reflect a chang<br>has been notified i | apacity. I furthen<br>erformance of n<br>agent as provide<br>e in the registere<br>n writing of this | r agree to<br>1y duties,<br>2d for in<br>2d office<br>chänge. |  |

FILING FEE: \$25.00

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