Division of Corporations Electronic Filing Cover Sheet

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(((H210003001963)))



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To:	Division of Corporations Fax Number : (850)617-6383	-9 A±
From:	Account Name : C T CCRPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845	10:11
*Enter tl annu	he email address for this business entity to be used for future all report mailings. Enter only one email address please.**	

LLC REGISTERED AGENT CHANGE LANE BRYANT BRANDS OPCO LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

From: Ranae McGraw

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Na	me of the limited liability company:		NO CHA	ANGE		
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	b)	Mailing address of lim (Note: MAY BE PC	ited liability compa OST OFFICE BOX	ny: ')
	10///(2000)			11776		
	Date of filing/registration in Florida	4.		Document number		-
	CORPORATION SERVICE COMPANY					
(a)		Crbe Florid	la Dent of St			
	Registered Agent and Registered Office shown on the records of	i the rion	24 17Cpt. 01 -11			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>		00	ن د
(b)	1201 HAYS STREET		1821	NOISIA 34035		
	20201				021 AUG -9	25
	TALLAHASSEE, F	L				육컷
	C.T Corporation System					2084 1800 1800
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				AM 10:	RY OF STATE
	Filter hame or the first state of the first state o				- -	
					7	107.
	NEW Registered Office Address:					
	1200 South Pine Island Road					
	-	31774				
	Plantation F	L_33324				
he ch gent	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of AFlorida limited were authorized by an affirmative fore of the members ticles of organization or the operating agreement of the	liability s of the l he limite	company, i	it is hereby confirm ility company or as company.	ed that the chan	gc(s)
Sign	nature of a member or authorized representative of a member		_	Printed or typed na		
l her provi the or	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my positionals registered agent as provi orely reflect a change in the registered office address,	igree to ete perfo ded for i I hereby	in Chaptér 2 confirm th	605, F.S. Or, if this hat the limited liabil	i document is ne lity company ha	with th id acce ing file s been
notifi	ed in writing of this change. C T Corporation System		AHI.	ed Younan	•	
3y:				ant Secret		

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