## M800000034

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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ACCOUNT NO. : 072100000032

REFERENCE: 813253 7356589

AUTHORIZATION : Tatricia liguto

COST LIMIT : \$ 25.00

ORDER DATE: November 8, 2002

ORDER TIME : 2:10 PM

ORDER NO. : 813253-100

CUSTOMER NO: 7356589

CUSTOMER: Ms. Suzanne Leblanc

The Paradies Shops

5950 Fulton Industrial Blvd.

Atlanta, GA 30336

## CHANGE OF AGENT

NAME: PARADIES & ASSOCIATES, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon/ceh

## 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.

agein, or boin, in the brane of 1 of	0.10000		
1. The name of the limited liabi	lity company is: PARADIF	ES & ASSOCIATES, L.	L.C.
2. The mailing address of the lin	mited liability company is	:	
P.O. Box 43485, Atlanta			
P.O. Box 43465, Actance	(, GA 30336	<u></u>	*
March 11, 1998		พฺ98000000234	<u></u>
3. Date of filing/registration in	Florida	4. Document numb	per
5. The name of the registered ag Florida Department of State:	ent and the registered office	ce address as shown on	the records of the
<u></u>	CT Corporation	System	·
	Name		03 FEN
	1200 South Pine Is	land Road	
	Address		الله المحمد ا المحمد المحمد المحم
Plantation, FL 33324			· · · · · · · · · · · · · · · · · · ·
	City, State and	Zip	- 3 :::
6. The name and address of the	new registered agent and/o	r office:	
	Corporation Service	e Company	(表: <b></b> ),
	Name		ai e
	1201 Hays Stre	eet	, .
Flor	ida street address (P.O. Bo	x NOT acceptable)	
T	allahasseeFL	32301	er <del>e</del>
	City, State and Z	Zip	
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby cothe members of the limited liabilithe operating agreement of the limited liability of the liability of the liability of the liability of the liability of t	or changes are made, the F gistered agent will be iden on firmed that the change(sility company or as otherwimited liability company.	lorida street address of tical. Or, in the case of was/were authorized	f the registered office f a Florida limited by an affirmative vote of
Laura R. Dunlap, Attorney (Printed or typed name of signee)		<u> </u>	· <del>=</del> -
I hereby accept the appointment comply with the provisions of all and I am familiar with and acceptance of the confirmation of	nt as registered agent and ell statutes relative to the prept the obligations of my postument is being filed to make limited liability company Cynthia L. Harris as its agent	agree to act in this cap oper and complete per osition as registered ag erely reflect a change i sy has been notified in	acity. I further agree to formance of my duties, sent as provided for in the registered office writing of this change.

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

FILING FEE: \$25.00