Fax sDivision of ation

**Division of Corporations** Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000205513 3)))



H090002055133ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name	:	CORPORATION SERVICE COMPANY
Account Number	:	12000000195
Phone	:	(850)521-1000
Fax Number	:	(850)558-1575



## **REGISTERED AGENT CHANGE**



**Electronic Filing Menu** 

Corporate Filing Menu

Help

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: DAVID'S BRIDAL OF TAMPA, INC.

2. The principal office address:\_\_\_

1001 Washington Street, Conshohocken, PA 19428

3. The mailing address (if different):\_\_\_\_

4. Date of incorporation/qualification: 01/20/2000 Document number: P0000006340

5. The name and street address of the current registered agent and registered office on file with the Plorida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

(P.O. Box NOT ecceptable)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Maureen Cullen, Attorney in Fact of an officer or direct (Printed or typed name and litic) Signature

I hereby accept the appointment as registered agent and agree to act in this capacity. If urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this accument is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

Comparison Service Company 10AL By:

If signing on behalf of an entity:

Michelle R. Vannoy, Asst. V.P.

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314 CR2E045 (8/05)