P00000108941

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T BROWN JAN - 6 2003



ACCOUNT NO. : 072100000032 REFERENCE: 875348 COST LIMIT : \$ 35.00 ORDER DATE: December 30, 2002 ORDER TIME : 8:20 AM ORDER NO. : 875348-360 CUSTOMER NO: 4720431 CUSTOMER: Ms. Tina Grodziski Charming Shoppes, Inc. 450 Winks Lane Bensalem, PA 190200000 CHANGE OF AGENT NAME: FASHION BUG #3554, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY ___ PLAIN STAMPED COPY CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER:



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

January 3, 2003

CSC TROY TODD TALLAHASSEE, FL

SUBJECT: FASHION BUG #3554, INC.

Ref. Number: P00000108941



DIVISION OF CONTERATION

We have received your document for FASHION BUG #3554, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown Document Specialist

Letter Number: 503A00000221

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

Pursuant to ti	he provisions of sections 607.0502,	617.0502, 607.1508, or 617.1508, Florida Statute	2S,
this statement	of change is submitted for a corpora	tion organized under the laws of the State of	
Florida	in order to change its regist	tered office or registered agent, or both, in the Sta	ite
of Florida.			
1. The name o	of the corporation: FASHION BUG #355.	4, INC.	
2. The princip	al office address: 450 Winks Lane, E	Sensalem, PA 19020	
		Der S	1
3. The mailing	g address (if different): 450 Winks Lar	ne, Bensalem, PA 19020	
4. Date of inco	orporation/qualification: November 22	2, 2000 Document number: P00000108947 C	ON VO. S
5. The name a		ered agent and registered office on file with the	>
	C T Corporation System		_
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name a changed):	and street address of the new regist	ered agent (if changed) and /or registered office ((if
	1201 Hays Street (P.O. Box or personal m	nailbox NOT acceptable)	
	Tallahassee, FL 32301		
agent, as chan	ged will be identical.	street address of the business office of its registered	Ĺ
Such change v authorized by	was authorized by resolution duly ad the board, or the corporation has be	opted by its board of directors or by an officer so en notified in writing of the change.	
(Signa und of air offic	er, chairman or vice chairman of the board)	Maureen Cullen, Attorney-in-Fact (Printed or typed name and title)	
I further agred performance o registered age	of my duties, and I am familiar with ent. Or, if this document is being file	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as ed merely to reflect a change in the registered on has been notified in writing of this change.	
Nacque	leve M. Cules	December 31, 2002	
If signing on beh	(Signature of Registered Agent) alf of an entity:	(Date)	
Jacqueline M		Assistant Vice President	
	1. There of 1 minor mannel	(Capacity)	

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