

Florida Department of State  
Division of Corporations  
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.

((H17000246831,3)))



H170002468313ABC%

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 : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
CLAIRE'S BOUTIQUES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

FILED

17 SEP 29 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

2017 SEP 29 AM 2:34

FL

Enter the Fax Audit Number Here

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CLAIRE'S BOUTIQUES, INC.

Name of Corporation

DOCUMENT NUMBER: P00288

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

at ( 888 ) 705-7274

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of COLORADO in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CLAIRE'S BOUTIQUES, INC.
2. The principal office address: 2400 W CENTRAL ROAD  
HOFFMAN ESTATES, IL 60195
3. The mailing address (if different): 3 SW 129TH AVENUE  
PEMBROKE PINES, FL 33027
4. Date of incorporation/qualification: 12/15/1983 Document number: P00288
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND RD.

PLANTATION, FL 33324

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

Registered Agent Solutions, Inc.

155 Office Plaza Dr., Suite A

P.O. Box NOT acceptable

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.

/s/ Blaine Robinson

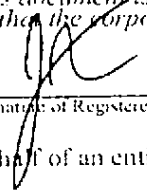
Signature of an officer or director

Blaine Robinson

Vice President

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further 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 document 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.*

  
Signature of Registered Agent

08/23/2017

Date

If signing on behalf of an entity:

Justine Karnell - Assistant Secretary

Typed or Printed Name

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 SEP 29 AM 10:18

FILED