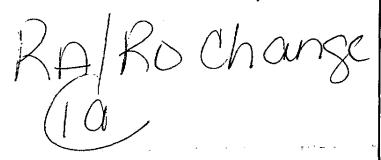
P01000023091

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: DIAN Vermeulen Authorized to Change Current RA to reflect Mr McOndo 9/9/9/03
Mr McOrd 2719/03

Office Use Only





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08/08/03--01052--003 **35.00°°

RILLU 03 SEP -8 PM 2: 55 PALLAHASSEE, FLORID

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Retail Centric Partners Inc
Name of corporation) DOCUMENT NUMBER: POIDOGG3091
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:
DIANE N. Vermeulen (Name of person)
Retail Centric Partners, Inc (Name of firm/company)
2601 W. WATRONS AVR
TAMPA FI 33629 (City/state and zip code)
For further information concerning this matter, please call:
Diane of person) at (813) 254 - 6054 (Name of person) (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

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

03 SEP -8 PM 2: 55



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 12, 2003

DIANE N. VERMEULEN RETAIL CENTRIC PARTNERS, INC. 2601 W. WATRONS AVE. TAMPA, FL 33629

SUBJECT: RETAIL CENTRIC PARTNERS, INC.

Ref. Number: P01000023091

We have received your document for RETAIL CENTRIC PARTNERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6964.

Irene Albritton Document Specialist

Letter Number: 703A00045993

RECEIVED

03 SEP -8 AM 9: 27

ILLISION OF CORPORATIONS

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
Florida in order to change its registered office or registered agent, or both, in the State
of Florida. 1. The name of the corporation: Retail Centric Partners, INC.
2. The principal office address: 2601 W. WATROUS AVE
TAMPA F1 33629
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/05/2001 Document number: P0/0000230
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Corporation Service Company
1201 HAYS Street
IATIAN ASSEE FI 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): DIANE VermeuleN
2601 W. WAT ROUS Are. (P.O. BOX of personal mailbox NOT acceptable)
TAMPA F1 33629
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. Thu J. Vermeulen
(Signature of an officer, chairman or vice chairman of the board) (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 hareby confirm that the corporation has been notified in writing of this change.
Wheneverne
(Signature of Registered Agent) Obto Obto Off Signature of Registered Agent) Obto Obto Obto
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314