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## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

Proma

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

## REGISTERED AGENT CHANGE

HD SUPPLY MANAGEMENT, INC.

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

Pursuant to the provisions of section 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 is: HD Supply Management	. Inc.
2. The principal office address: 2455 PACES FERRY RD	
ATLANTA GA 30339	
3. The mailing address (if different):	
4. Date of incorporation/qualification:	
5. The name and street address of the current registered age Florida Department of State:  CORPORATION SERVICE COMPANY	nt and registered office on file with the
1201 HAYS STREET	
TALLAHASSEE FL 32301	72.0
6. The name and street address of the new registered agent (if changed):	(if changed) and /or registered office of
Corporate Creations Network Inc.	TO I
11380 Prosperity Farms Road #221E	To be
(P.O. Box Not acceptable)	
Palm Beach Gardens FL 33410	
The street address of its registered office and the street a agent, as changed will be identical.	address of the business office of its registered
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been notified	by its board of directors or by an officer so d in writing of the change.
ADA	DEANGELO, Pres., by Y.Ogurchikova as atty-in-fact (Printed or Typed name and title)
I hereby accept the appointment as registered agent and ag I further agree to comply with the provisions of all st performance of my duties, and I am familiar with and accep agent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in wr	atutes relative to the proper and complete pt the obligation of my position as registered t a change in the registered office address, I
Samenter Aurione	12/4/2007
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Samantha Simons, Asst. Secretary (Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Paim Beach Gardens FL 33410 (561) 694-8107