

JUN-01-07 ERI 09:18 AM
Division of Corporations

SABA & KING

FAX NO. 9419540361

01/02
Page 1 of 1

Handwritten: Pdo 000082063

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0390

From:

Account Name : CLIFFORD M. KING
Account Number : 072100000320
Phone : (941)952-0990
Fax Number : (941)954-0361

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DIVISION OF CORPORATIONS
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REGISTERED AGENT CHANGE

SHOP BY THE ROOM, INC.

Certificate of Status	0
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JUN-07-07 FRI 09:19 AM SABA & KING
MAY-25-2007 14:53 From:

FAX NO. 9419540361
To: 9419540361

P. 02/02
P. 1/1

**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: Shop By the Room, Inc.
2. The principal office address: 2334 Abbotsford Street
North Port, Florida 34287
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 6/15/2007 Document number: P06000082063

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

Tallahassee, Florida 32301

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

Clifford M. King, Esquire

2033 Main Street, Suite 303

(P.O. Box NOT acceptable)

Sarasota, Florida 34237

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.

Chris A.
(Signature of an officer or director)

Chris A. Smith, 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.

Chris
(Signature of Registered Agent)

6-1-07
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

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

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