Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : UCC FILING & SEARCH SERVICES, INC

Account Number : I19980000054 : (850)691-6528 Phone : (850)681-6011 Fax Number

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

REGISTERED AGENT CHANGE FACTORY DIRECT SPA COVERZ, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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2/4/2011

Fax:8506816011

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 Floridain order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: <u>FACTORY DIRECT SPA COVERZ, INC.</u> 2. The principal office address: <u>19 FORESTON CIRCLE, MANORVILLE NY 1948-11949</u>
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/08/2010 Document number: P10000073911
5. The name and street address of the current registered agent and registered office on file with the Florids Department of State: (If resigned, enter resigned)
BRONSTEIN, JOEL D
150 2ND AVENUE NORTH SUITE 1100
ST. PETERSBURG FL 33701 US
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): UCC FILING & SEARCH SERVICES, INC.
UCC FILING & SEARCH SERVICES, INC.
1574 VILLAGE SQ BLVD STE 100 (P.O. Blox NOT acceptable)
TALLAHASSEE FL 32309
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.
Mul Milyer Des. Davie M. Leyser Dres. (Printed or typed name plut bile)
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) (Date)
(Signature of Registered Agent) If signing on behalf of an entity:
W. EDWARD HAND, PRES (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)