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Division of Corporations

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## REGISTERED AGENT CHANGE

MOTHERS WORK, INC.

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11/17/2004

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

	e provisions of sections 607.0502, 617.			
	of change is submitted for a corporation	_	-	
Delaware	in order to change its registered	l office or registere	d agent, or both, in t	he State
of Florida.				
1. The name of	the corporation: Mothers Werk, Inc.			<del></del>
2. The principa	l office address: 456 North 5th Street, Phila	delphia, PA 19123	<u> </u>	
3. The mailing	address (if different):			
4, Date of incom	poration/qualification: 12/4/1987	Document r	umber: P17048	<del></del>
	id street address of the current registered attment of State:	agent and registere	d office on file with t	
	Corporation Service	Company		FILED 17 PI ARY DI
	1201 Hays 81	beez		
	Tallahussee, FL	32301	É	- S S S S S S S S S S S S S S S S S S S
6. The name at changed):	nd street address of the new registered	agent (if changed)		
visus <sub>e</sub> vv).	C T Corporation	System		
	c/o C T Corporation			
	(F.O. Pox or possessi mailton 1200 South Pine Island Road, Pi		<u> </u>	
The street addressent, as chang	ess of its registered office and the street ed will be identical.	address of the busi	ness office of its regi	istered
$C_{N}$	as authorized by resolution duly adopted the board, or the corporation has been no the corporation has been not been not been as the board.	Craig Swartz, A	usistant Secretary	er so
(hereby accept i further agree performance of registered agen office address,	the appointment as registered agent an to comply with the provisions of all state my duties, and I am familiar with and a t. Or, if this document is being filed me I hereby confirm that the corporation ha	d agree to act in the utes relative to the ucept the obligation rely to reflect a chies been notified in	ils capacity. proper and complete m of my position as ange in the registeres writing of this change	। ਵੱ e.
By: Marga	ut & Haut of		A. MARGADET	F BOURTER
(sufficiency on behalf	ignature of Regimered Agent) f of an entity:	(Date	a) opecial rigg	Scient Secretary
Ó	yped or Fristed Name)	(Cape	city)	_

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

MAKE CHECKS PAYABLE TO PLORIDA DEPARTMENT OF STATE AND MAIL TO: DEVISION OF CORPORATIONS, F.O. BOX 6327, TALLAHASSES, FL 32314