79042

(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:					

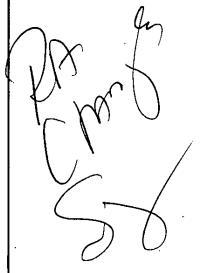


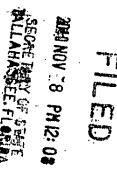
11/12-10



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11/08/10--01049--014 **35.00







Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE:

11/3/2010

STATE:

FLORIDA

LOWE & PARTNERS WORLDWIDE REP UNIT:

INC.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #20032 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



COVER LETTER

Division of Corporations SUBJECT: LOWE & PARTNERS WORLDWIDE INC.

Name of Corporation DOCUMENT NUMBER: P19042 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: Myra Homer
Name of Contact Person Capitol Services Registered Agent Department 800 Brazos, Suite 400
Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 800 345-4647 Area Code & Daytime Telephone Number Myra Homer
Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: **Street Address:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section

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

statement of cha	provisions of sections 607.0502, 617. Inge is submitted for a corporation orger to change its registered office or reg	ganized under th	e laws of the State	of DELAWARE	
	the corporation: LOWE & PA	_			
	office address: 250 Hudson Stre				
• •					
	k, NY 10013				
	address (if different): 1114 Avenue	e of the Ame	ericas, 18th F	loor	
New Yo	ork, NY 10036		 <u></u>		
4. Date of incor	poration/qualification: 4/28/1988	3 Docum	ent number: P1	9042	
	d street address of the current registere rtment of State: (If resigned, enter resigned)		stered office on fil	e with the	
	C T Corporation System				
				•	
	1200 South Pine Island Rd Street Address				2
	Plantation	FL	33324		
	City d street address of the new registered a	State	Zip Code		
(if changed): Capitol Corporate Services, Inc. 155 Office Plaza Drive, Suite A Street Address (P.O. Box NOT acceptable) To the last of					
	Tallahassee City	- <u>FL</u>	32301		
_	ess of its registered office and the str be identical.				
Such change was authorized by the	as authorized by resolution duly ado he board, or the corporation has been	pted by its board i notified in writ	d of directors or b ting of the change	y an officer so	
Myna	Homer	Myra Home	er	Attorney-in-fact	
I hereby accept I further agree of my duties, ar document is be corporation ha	tre of an officer of director the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the ting filed merely to reflect a change it s been notified in writing of this char	t and agree to a statutes relative	citied or typed) ct in this capacity to the proper and y position as regis office address, I	Title (printed or typed) I complete performance stered agent. Or, if this hereby confirm that the	
Oll	Ollanie Case 11-3-10 Signature of Registered Agent Date				
If signing on be	half of an entity:				
Delanie Cas	e, Asst. Secretary on behalf				
of Capitol Co	orporate Services, Inc.				
	Name (printed or typed) *** 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)