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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name: CORPORATION SERVICE COMPANYAccount Number: 120000000195Phone: (850)521-1000Fax Number: (850)558-1575



RECEIVES 2009 SEP 22 AM 8: 00 SECRETARY OF STATE ALEAHASSEE. FLORIDA

REGISTERED AGENT CHANGE

DAVID'S BRIDAL OF JACKSONVILLE, FL, INC.

Certificate of Status	0
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Change

9/22/2009

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: DAVID'S BRIDAL OF JACKSONVILLE, FL, INC.

2. The principal office address:____

1001 Washington Street, Conshohocken, PA 19428

3. The mailing address (if different):___

4. Date of incorporation/qualification: 06/10/1996 Document number: P96000049350

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State;

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

 Corporation Service Company
 Top T

 1201 Hays Street
 Top T

 (P.O. Box NOT acceptable)
 Top T

 Tallahassee, FL 32301
 Top T

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.

Maureen Cullen, Attorney in Fact

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. Thereby confirm that the corporation has been notified in writing of this change.

Comoration Service Company ርሐ 0 By:

If signing on behalf of an entity:

Michelle R. Vannoy, Asst. V.P.

(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 (\$05)