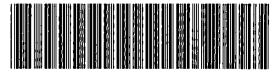
## P97000074436

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| - (Business Entity Name)                |                                       |          |
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| Certified Copies Certificates of Status |                                       |          |
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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## **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: Boxes, Baskets + Beyond M. (Name of Conforation)  |
| DOCUMENT NUMBER: P9700074436   |
| 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:  |
| Cheen Kersey (Name of Contact Person)  |
| Priority Shipping (Firm/Company)   |
| 344 Choney Hwy (Address)   |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| Ellen S Korsey at (324 269990)  (Name of Contact Person) at (324 269990)  (Area Code & Daytime Telephone Number) |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| Pursyant 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 Horizontal description   |
| in order to change its registered office or registered agent, or both, in the State of Florida.  |
| 1. The name of the corporation: DOKS, Baskets, & Deyma Inc.  |
| 2. The principal office address: 344 Chency two  |
| T. tusville F2 32780   |
| 3. The mailing address (if different):   |
| 4. Date of incorporation/qualification: 8/26/1997 Document number: P970000 744/36  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:   |
| Mark A. Horsey   |
| 337 Cirepuille Sheet   |
| 2 C C C C C C C C C C C C C C C C C C C  |
| (XX) 12 32926 WAR OF   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Eileen S. Hersey   |
| 344 Chappy Huzu  |
| (P.O. Box NOT acceptable)  |
| T. NSV. 16, FC 32780   |
| 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.  |
| College Story Company College Second Control C |
| 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.   |
| Cloud Story 6120/06 (Signature of Registered Agolit) (Date)  |
| If signing on behalf of an entity:   |
| Cilcon S. Korrey (Typed or Printed Name)   |

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