## P99000034539

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ACCOUNT NO. : 072100000032 REFERENCE : 875348 4720431 AUTHORIZATION ? COST LIMIT ORDER DATE: December 30, 2002 ORDER TIME: 8:15 AM ORDER NO. : 875348-195 CUSTOMER NO: 4720431 CUSTOMER: Ms. Tina Grodziski Charming Shoppes, Inc. 450 Winks Lane Bensalem, PA 190200000 CHANGE OF AGENT NAME: FASHION BUG #3287, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER:



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

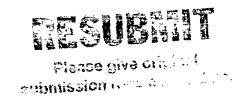
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OIVISION OF CORFERATION

January 3, 2003

CSC TROY TODD TALLAHASSEE, FL

SUBJECT: FASHION BUG #3287, INC.

Ref. Number: P99000034539



Letter Number: 603A00000222

We have received your document for FASHION BUG #3287, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown Document Specialist

## 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 t	he State
of Florida.	-
1. The name of the corporation: FASHION BUG #3287, INC.	<del></del>
2. The principal office address:	·
448 N. University Drive, Pembroke, Pines, FL 33024	~
3. The mailing address (if different): 3750 State Road, 7813, Bensalem, PA 19020	20
4. Date of incorporation/qualification: April 13, 1999 Document number: p990000 2153	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	he
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 or changed):	office (if
Corporation Service Company	
1201 Hays Street (P.O. Box or personal mailbox NOT acceptable)	i kwizi
Tallahassee, FL 32301	
The street address of its registered office and the street address of the business office of its regagent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	er so
(Signature of an officer, chairman or vice chairman of the board)  Maureen Cullen, Attorney-in-Fact (Printed or typed name and title)	
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 complet 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 registere office address, I hereby confirm that the corporation has been notified in writing of this change	ed
(Date)	<u> </u>
If signing on behalf of an entity:	
Jacqueline M. Giles  Assistant Vice President  (Typed or Printed Name)  (Capacity)	<del></del> ****

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