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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 <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE RAG SHOP/WEST BOCA RATON, INC.

2. The principal office address: 111 Wagaraw Road, Hawthorse, NJ 07506-2711

3. The mailing	address (if different):				0	
					-4 OC	
4. Date of incor	poration/qualification: 03/27/1991	Document num	ber: <u>\$41150</u>	ANNI ANNI	29 129	۲Ľ
	d street address of the current registered artment of State:	agent and registered of	fice on file with the	(OF STATE FE. FLORID/	AH 10: 3	Ŀυ
	THE PRENTICE-HALL CORPORE	RATION SYSTEM, INC.		REAT	ω.	
	1201 HAYES STREE	T, SUITE 105		Эn >		
	TALLAHASSEE	FL 32301				
6. The name an changed):	nd street address of the new registered	• • • •	d /or registered offic	æ (if		
	C T Corporation	System				
	c/o C T Corporatio					
	(P.O. Box or personal amiliar 1200 South Pins Island Road, Pl					
		······				
agent, as chang	ess of its registered office and the street ed will be identical.	address of the busines	s office of its regist	cred		
Such change wi authorized by the	as authorized by resolution duly adopte the board of the corporation has been no wather the corporation has been no	d by its board of direct tified in writing of the Stephen G. Marble,	ors of by an officer : change. Vice President	80		
	, charmen or vice charmen of the board)	(Printed as typed name	unit RUA)			
I hereby accept I juriher agree performance of registered agen office address,	the appointment as registered agent an to comply with the provisions of all stat my duries, and I am familiar with and t I. Or, if this document is being filed mu I hereby confirm that the corporation h	id agree to act in this c utes relative to the pro accept the obligation o trely to reflect a chang as been notified in writ	capacity, per and complete f my position as e in the registered ting of this change.			
- XI	Corporation System					
By:	(nature of Registered Agent)	October 27	, 2004			
If signing on behal		(Date)				
re effetting off octigi	Peter F. Souza	Assistant Soc	retary			
	yped or Frinled Name)	(Capacity)				
	* * * FILING FEE:					

MAKE CHECKS FAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSER, FL 32314

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