P.01/02
Page 1 of 1

Florida Department of State

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222~1092

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, OCT 29 PN 1:57

REGISTERED AGENT CHANGE

THE RAG SHOP/CORAL SPRINGS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

Hadronia William Manus

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C. Coulliste OCT 2 9 2004

OCT-29-2004 13:51 CT CORPORATION

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

	change is submitted for a corpora	617.0502, 607.1508, or 617.1508, Floi tion organized under the laws of the Sta tered office or registered agent, or both	te of
of Florida,			,
1. The name of t	he corporation: THE RAG SHOP/CO	DRAL SPRINGS, INC.	
2. The principal	office address: 111 Wagaraw Road,	Hawthorne, NJ 07506-2711	SECH TALL
3. The mailing s	ddress (if different):		CT 29
4. Date of incorp	coration/qualification; 04/08/1991	Document number; S43695	
	tment of State:	tered agent and registered office on file v	with the
_	THE PRENTICE-HALL CO	RPORATION SYSTEM, INC.	
	1201 HAYES ST	REET, SUITE 105	
_	TALLAHAS	SEE FL 32301	
6. The name and changed):	d street address of the new regist	ered agent (if changed) and /or register	red office (if
	C T Corpor	nation System	
•••		oration System	
_	• •	milton NOT seceptable) ad, Plantation, Florida 33324	
		street address of the business office of it	
7)5571/~	s authorized by resolution duly ad board, or the corporation has been	opted by its board of directors or by an en notified in writing of the change. Stephen G. Marble, Vice President (France or typed name and nulls)	officer so
I hereby accept I I further agree to performance of r registered agent office address, L CIC		nt and agree to act in this capacity. It statutes relative to the proper and con and accept the obligation of my positio and accept the obligation of my positio ad merely to reflect a change in the regi on has been notified in writing of this c	nplete n as istered hange.
By	<u> </u>	October 29, 2004	
	pater of Registered Agent)	(Date)	— -
If signing on behalf		Assistant Socretary	
	Peter F. Souza ped or Frinted Name)	(Capacity)	
1 **		EE: \$35.00 * * *	

MAKE CHRIES PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSES, FL 12314