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DCT-29-2004 14:38

Division of Corporations

CT CORPORATION

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)222-9428

REGISTERED AGENT CHANGE

THE RAG SHOP/OCALA, INC.

Certificate of Status	0
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Page Count	02
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Cornerate Filipa

First onic Filips Mark

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

Pursuant to th	ne provisions of sections 507.050	2, 617.0502, 607.1508, or 617.1508, Florida Sta	itiites,	
this statement	of change is submitted for a corpo	ration organized under the laws of the State of		
Florida	in order to change its reg	distered office or registered agent, or both, in the	State	
of Florida				
1. The name of	f the corporation: THE RAG SHOP/	OCALA, INC.		
2. The princips	al office address: 111 Wagaraw Roa	d, Hawthorne, NJ 07506-2711		
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification; 11/04/1991	Document number: \$91607		
	artment of State:	istered agent and registered office on file with the CORPORATION SYSTEM, INC.	_	
	1201 HAYES !	STREET, SUITE 105	7	
		ASSEE FL 32301	3 5 5	
The name a changed):		stered agent (if changed) and /or registered office	e (1100)	
	-(-CTC-			
	C/C CT Corporation System (P.O. Box or paysonal mailbox NGT acceptable)			
	•	toad, Plantation, Florida 33324	e v	
		street address of the business office of its registr		
7 5	The Man	idopted by its board of directors of by an officer seen notified in writing of the change. Stephen G. Marble, Vice President	âD	
	American of vice chalings of the Board)	(Pfunted or typed name and title)	,	
hereby accept further agree terformance of egistered agen office address, CT	t the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with t. Or, if this document is being fi I hereby confirm that the corpora Comments System	rent and agree to act in this capacity, all statutes relative to the proper and complete h and accept the obligation of my position as iled merely to reflect a change in the registered ton has been notified in writing of this change.		
ay:		October 29 , 2004		
	National Agent)	(Date)		
f signing on beital	if of an entity:			
	Peter F. Souss	Assistant Secretary		
Q	Typed or Printed Name)	(Capacity)		
	* * * FILING	FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, PL 32314