## 597429

| (Requestor's Name)                      |  |  |
|---|--|--|
|   |  |  |
| (Address)                               |  |  |
| ,                                       |  |  |
|   |  |  |
| (Address)                               |  |  |
|   |  |  |
| (City/State/Zip/Phone #)                |  |  |
|   |  |  |
| PICK-UP WAIT MAIL                       |  |  |
|   |  |  |
|   |  |  |
| (Business Entity Name)                  |  |  |
|   |  |  |
| (Document Number)                       |  |  |
|   |  |  |
| Certified Copies Certificates of Status |  |  |
| Sertified SopresSolutiones S. Santas    |  |  |
|   |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
|   |  |  |
| į                                       |  |  |
|   |  |  |
| 1                                       |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

Office Use Only



000009658220



O3 JAN -6 PH 1:25
SECRETARY OF SIAIE

R.A. change

T BROWN JAN - 6 2003



ACCOUNT NO. : 07210000032

REFERENCE: 868782

4720431

AUTHORIZATION 4

COST LIMIT : \$ 35.00

ORDER DATE: December 23, 2002

ORDER TIME : 9:58 AM

ORDER NO. : 868782-770

CUSTOMER NO: 4720431

CUSTOMER: Ms. Tina Grodziski

Charming Shoppes, Inc.

450 Winks Lane

Bensalem, PA 190200000

## CHANGE OF AGENT

NAME: FASHION BUG #2523, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams -- EXT# 113

EXAMINER:

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

| Pursuant to the provisions of sections 607.0502, 6 this statement of change is submitted for a corporati  |   |
|---|---|
|   | red office or registered agent, or both, in the State   |
| of Florida.  1. The name of the corporation: FASHION BUG #2523,   |   |
| 2. The principal office address: 450 Winks Lane, Be   | nsalem, PA 19020  |
| 3. The mailing address (if different): 450 Winks Lane   | e, Bensalem, PA 19020   |
| 4. Date of incorporation/qualification: December 2,   | 1991 Document number: 597429  |
| 5. The name and street address of the current register Florida Department of State:   | red agent and registered office on file with the  |
| C T Corporation System  |   |
| 1200 South Pine Island Road   | <u>:</u>  |
| Plantation, FL 33324  | <u> </u>  |
| 6. The name and street address of the new register changed):  | red agent (if changed) and /or registered office (if  |
| Corporation Service Company   |   |
| 1201 Hays Street (P.O. Box or personal ma   | ilbox NOT acceptable)   |
| Tallahassee, FL 32301   |   |
| The street address of its registered office and the stragent, as changed will be identical.   |   |
| Such change was authorized by resolution duly add authorized by the board, or the corporation has been  | opted by its board of directors or by an officer so in notified in writing of the change.   |
| (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 agen<br>I further agree to comply with the provisions of all<br>performance of my duties, and I am familiar with a<br>registered agent. Or, if this document is being file<br>office address, I hereby confirm that the corporation | statutes relative to the proper and complete<br>and accept the obligation of my position as<br>d merely to reflect a change in the registered |
| (Signature of Registered Agent)   | December 31, 2002 (Date)  |
| If signing on behalf of an entity:  | •   |
| Jacqueline M. Giles (Typed or Printed Name)   | Assistant Vice President (Capacity)   |

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