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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

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To: Division of Corporations
Fax Number : (850) 617-6380
From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**REGISTERED AGENT CHANGE
MARS RETAIL GROUP, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	105
Estimated Charge	\$35.00

Attn: Annette Rumsey

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Help

AAO

JAN 24 2013
T. LEMIEUX

1/24/2013



January 23, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MARS RETAIL GROUP, INC.
100 INTERNATIONAL DRIVE
MOUNT OLIVE, NJ 07828-1808

SUBJECT: MARS RETAIL GROUP, INC.
REF: F12000002259

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H13000016754
Letter Number: 113A00001694

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mars Retail Group, Inc.
Name of Corporation

F12000002259
DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Chris Stewart
Name of Contact Person
Mars, Incorporated
Firm/Company
6885 Elm Street
Address
McLean, Virginia 22101
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:
Danielle Heim at (973) 691-3830
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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 DE in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: MARS RETAIL GROUP, INC.
2. The principal office address: 400 VALLEY ROAD, MOUNT ARLINGTON NJ 07856
3. The mailing address (if different): 100 INTERNATIONAL DRIVE, MOUNT OLIVE NJ 07828
4. Date of incorporation/qualification: 05/15/2012 Document number: F12000002259
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (if resigned, enter resigned)

NRAI SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE FL 32301

- 6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Aunette M. Santos, Assistant Treasurer
Typed or printed 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 complete 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 registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: [Signature]
Signature of Registered Agent

1/20/13
Date

If signing on behalf of an entity: Marc St. Pierre
Vice President and Assistant Secretary
Typed or Printed Name

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

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

CR2E043 (03/12)

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13 JAN 20 PM 11:00
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TALLAHASSEE, FLORIDA