293707

> CT CORPORATION SYSTEM

| CORPORATION(S) NAME | | | 75 9 |
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| Levitz Furniture Corporation | | | 는 등 등 |
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| () Foreign | () Dissolution/Withdrawal | () Mark | |
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| () Limited Partnership | () Annual Report | () Other | ARCE OF C |
| ()LLC | () Name Registration | Change of RA | 26 MLMI OF CO IASSE |
| • | () Fictitious Name | () UCC | SEC 6 1 |
| (V) Certified Copy | () Photocopies | () CUS | 139 B m |
| | | | <u> </u> |
| () Call When Ready | () Call If Problem | () After 4:30 | 08 80 80 80 |
| (x) Walk In | () Will Wait | (x) Pick Up | |
| () Mail Out | | | |
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| Name | 11/26/01 | Order#: 493610 | 09 |
| Availability | | 20000 | 0 46937429 : ./26/0101050008 |
| Document | MS | -11 | /26/0101050008 |
| Examiner | . , | | <u>***</u> 35.00 |
| Updater | | 2000 | 046937429. 1/26/0101050009 ******8.75. *******8.75. |
| Verifier | | -1. | 1/25/U1U1U5UUU9 |
| W.P. Verifier | | Amount: \$ | <u></u> |

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

C. Coulliste NOV 2 6 2001

Florida Department of State, Sandra B. Mortham, Secretary of State

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 6. undersigned corporation organized under the laws of the State of Flor | 17.1508, Florida Statutes, the |
|---|---|
| submits the following statement in order to change its registered office or re State of Florida. | gistered agent, or both, in the |
| 1. The name of the corporation is: Levitz Furniture Corporation | |
| 2. The mailing address of the corporation is: 7887 North Federal Highway, Boca | Raton, FL 33487 |
| 3. Date of incorporation/qualification: June 8, 1965 Document n | number: 293707 |
| 4. The name and address of the current registered agent and office: | 2001 N SECR |
| Zimmer Edward P | PIL 2001 NOV 26 SLCRE JARY ALLAHASSE |
| 7887 North Federal Highway | |
| Boca Raton, FL 33487 | Not Acceptable) |
| 5. The name and address of the new registered agent and office: (P. O. Box | Not Acceptable) ORIGINATION ST |
| C T Corporation System | |
| c/o C T Corporation System, 1200 South Pine Island Road | |
| Plantation, Florida 33324 | |
| The street address of its registered office and the street address of the buagent, as changed, will be identical. | siness office of its registered |
| Such change was authorized by resolution duly adopted by its board of authorized by the board. | irrectors or by an officer so |
| (Signature of an officer, chairman or vice chairman of the board) | |
| Chair Bortakis Assistant Socretary | /o/23/o(|
| (Printed or typed name and title) Having been named as registered agent and to accept service of process corporation, I hereby accept the appointment as registered agent and a I further agree to comply with the provisions of all statutes relative to the performance of my duties, and I am familiar with and accept the obligative forms. (Signature of Registered Agent) | |
| (Signature of Registered Agent) If signing on behalf of an entity: | Vice President (Capacity) |
| Robin Lafetes (Typed or Printed Name) | Vice President |
| (Typed or Printed Name) | (Capacity) FILING FEE: \$35.00 |
| CR2E045(4/95) | 00.cca .333 D/Mil13 |

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