

483920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

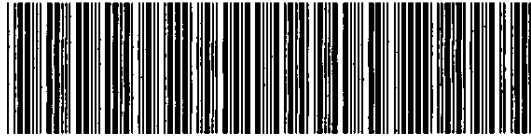
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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Childrens Place Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** 483920

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph M Hammond

(Name of Person)

The Childrens Place Inc

(Name of Firm/Company)

7900 40th Avenue West

(Address)

Bradenton FL34209

(City/State and Zip Code)

For further information concerning this matter, please call:

John Cobb

(Name of Person)

at ( 941 ) 792 7838

(Area Code & Daytime Telephone Number)

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

**Street Address:**

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

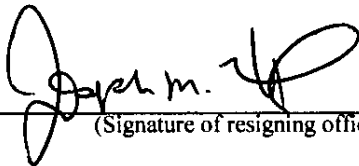
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Joseph M Hammond, hereby resign as Vice President/Director  
(Title)

of The Childrens Place Inc **EFFECTIVE IMMEDIATELY**,  
(Name of Corporation)

483920, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

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10 MAR -8 PM 1:01  
TALLAHASSEE FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314