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BURLINGTON COAT FACTORY

1830 ROUTE 130 --- BURLINGTON, N.J. 08016

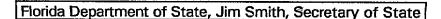
Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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☐ Mail out ☐ Will wait	Photocopy	Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>		
☐ Profit	Amendment	-	
Not for Profit		Resignation of R.A., Officer/Director	
☐ Limited Liability	☐ Change of Register	☐ Change of Registered Agent	
Domestication	Dissolution/Withdr	awal	
Other	☐ Merger	· · · · ·	
OTHER FILINGS	REGISTRATION/QU	ALIFICATION &	
Annual Report	Foreign	as (M	
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CR2E031(7/97)



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, the undersigned corporation organized under the laws of the State of FLOR ISA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: BURL INGTON 1b. The mailing address of the corporation is: 1830 ROUTE BURLINGTON "1c. Date of incorporation:_ _ Document number: The name and address of the current registered agent and office: TE SERVICES 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) BURLINGTON COAT FA 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. Signature of an officer, chairman or vice chairman of the board) PAUL TANG, ELEC. V.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent) (Date)

PLEASE SIGN of Corporations, P.O. Box 6327, Tallahassee, FL 32314