## P99000060601

<u></u>
. (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<del></del>
(Business Entity Name)
(Document Number)
Cartified Carries Cartificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

RAJROChange (1a) 7/11/03



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ATT AHASSEE, FLORIDA

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Florida Department of State, Jim Smith, 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 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

jv.

1b. The mailing	address of the corp	poration is : _	BUALING Ye TAX	TON COM	T FACTO	ny # 322
1830 ROUT	E 130 N.	BURLING	Ton	N. J.	08016	
	orporation:7					
	and address of the					
	DON OLIVE	-	_			1 03 2 03
	12801 W.	SUNRISE	BLVD.			AUG-
	SUMPISE and address of the ne	FL 3	3323			FILED G-7 PM GTARY OF
3. The name an	d address of the ne	w registered	agent and o	office:(P.O.	Box Not Acce	prable) 🔀
	WADE SEA	LE % B	BURLINGTON	COAT	FACTOR	<b>岩产 55</b>
	25813 R					
	CLEARWATE	e FL.	3376	3		
The street addregistered agen	ress of its registere t, as changed, will t	ed office and be identical.	the street	address o	of the busin	ess office of
Such change w	ras authorized by re					
so authorized t	by the board.	<del></del>			8-1.03	
(Signature	of an officer chairman of the board)	<del></del>			8-1-03 (Date)	
				•		
{Printed or	typed name and title)	1 -April				•
Having been n corporation, I h	amed as registered vereby accept the ap	agent and to pointmentas	o accept se registered	ervice of p agentand	agree to act	ne apove sta in this capac
l fürther agree performance o	amed as registered perebyaccept the ap to comply with the f my duties, and l	e provisions o am familiar v	of all statute with and ac	es relative scept the	to the prope obligation of	er and compl f my position
registered agei	nt.				8/04/03	
	XXX				110410.0	•

(Signature of Registered Agent)

(Date)