1102/1/

BURLINGTON COAT FACTORY

1830 ROUTE 130 NORTH BURLINGTON, N. J. 08016 (609) 387-7800

 Office Use	Only	

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

(Corporation Name)	(Document #)
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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other T. LEWIS NOV 2 4 1999
	Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State

ŞTATEMENT 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 ___FLARIDA_ 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: BURLINGTON COST 1b. The mailing address of the corporation is: 1830 ROVIE

BURLINGTON N. J. 0801. 1c. Date of incorporation: 12-24-9 V02111 The name and address of the current registered agent and office: ROBERT REWSTEW % BURLINGTON CHAT FACTORY 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) co DON OLIVER & BURLINGTON COAT FACTORY 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.

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)

(Printed or typed name and title

X November 11 99
(Date)