

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

MICHAEL KORS RETAIL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS

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Corporate Filing Menu

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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, this
statement of change is submitted for a corporation organized under the laws of the State of _____
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Michael Kors Retail, Inc.
2. The principal office address: 11 West 42nd Street
New York, NY 10036
3. The mailing address (if different): _____
4. Date of incorporation/qualification: July 27, 2005 Document number: F05000004338
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
Incorporation Services Ltd. Inc.
1540 Glenway Drive
Tallahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
CT CORPORATION SYSTEM
1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation, FL 33324

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, or the corporation has been notified in writing of the change.

(Signature of an officer or director) John D. Idol - CEO
(Print or type name and title)

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. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

(Signature of Registered Agent) 6/26/07
(Date)

If signing on behalf of an entity:

John D. Idol
(Typed or Printed Name and Title) Secretary

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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