F000000003404

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

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2023 KAY -8

AM 9: 21

i., 4% - 9 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO. :	12000000)195
REFERE	NCE :	542712	8391979
AUTHORIZAT	ION :	hel	enan
COST LI	MIT :	\$ 35.00	
ORDER DATE : March 2, 202	3		
ORDER TIME : 9:22 AM			
ORDER NO. : 542712-031			
CUSTOMER NO: 8391979			
	 -		-
CHANGE (OF AGEN	<u>T</u>	
NAME: BURBERRY	LIMITED		
FORCED DBA: BURBERRY LMIT	ED		
PLEASE RETURN THE FOLLOWING	G AS PR	OOF OF FII	LING:
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Eyliena Ba	aker		

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH ${\tt KOR}$ CORPORATIONS

statement of ch	nange is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida Sta rganized under the laws of the State of <u>NY</u> gistered agent, or both, in the State of Flor	<u>′ </u>		
1. The name of	the corporation: BURBERRY LIMITE	D, CO.			
2. The principa	al office address: 444 Madison Ave Ne	w York, NY 10022			
3. The mailing	address (if different):				
4. Date of inco	rporation/qualification: 06/13/2000	Document number: F0000000	3404		
	nd street address of the current register artment of State: (If resigned, enter res	ed agent and registered office on file with igned)	the		
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	FL 33324	2623 HAY		
6. The name ar (if changed):	<u> </u>	agent (if changed) and /or registered office	÷		
	Corporation Service Company		ب ب		
	1201 Hays Street		3		
	PO Box NOT acceptable				
	Tallahassee	FL 32301			
The street addi	ress of its registered office and the str If be identical.	reet address of the business office of its re	egistered agent,		
Such change wauthorized by	vas authorized by resolution duly ado the board, or the corporation has been	pted by its board of directors or by an off i notified in writing of the change.	ficer so		
Muare	di 11- Stilli.	Amanda Slatin, Secretary			
Signat	ure of an officer of director	Printed or typed name and title			
I further agree of my duties, a document is be corporation ha	nt the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the ring filed merely to reflect a change it as been notified in writing of this char on Service Company	statutes relative to the proper and comple obligation of my position as registered a n the registered office address. I hereby c	ete performance gent. Or, if this confirm that the		
	race Cokuble	05/08/2023			
Sı	gnature of Registered Agent	Date			
If signing on b	ehalf of an entity:				
	BY, ASST. VICE PRESIDENT				
•	Typed or Printed Name				
	* * * FILING	FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)