1.000	200/	1756			
Requester's Name	~				
CARLTON FIELDS					
TAMPA. FLORIDA 33601-3239 City/State/Zip Phone #		FIL 02 JUL 15 SEGNETAN TALLAHASS			
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):					
(Corporation Name)	(Document #)	9000064063291 -07/15/0201064003			
2. (Corporation Name)	(Document #)	-0171570201004 000 ******25.00 ******25.00			
3. (Corporation Name)	(Document #)	A. Property			
4. (Corporation Name)	(Document#)				
☐ Walk in ☐ Pick up time		Certified Copy			
☐ Mail out ☐ Will wait	☐ Photocopy	Certificate of Status			
NEW FILINGS	<u>AMENDMENTS</u>				
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R Change of Regis Dissolution/With Merger	-			
OTHER FILINGS	REGISTRATION/Q	<u>DUALIFICATION</u>			
Annual Report Fictitious Name	Foreign Limited Partners Reinstatement Trademark Other	hip			
		Examiner's Initials			

CR2E031(7/97)

CFRA, LLC

Registered Agent Services A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5TH FLOOR 777 S. HARBOUR ISLAND BOULEVARD TAMPA, FLORIDA 33602-5730 MAILING ADDRESS: P. O. BOX 3239 TAMPA, FLORIDA 33601-3239 TEL (813) 223-7000 FAX (813) 229-4133

July 11, 2002

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: Registered Agent Statement of Change

02 JUL 15 PM 12: 20
SECRETARY OF STATE
TAIT AHASSEE, FLORIDA

Gentlemen:

Please find enclosed a statement of change for the registered agent of Strategic Brands International, LLC. Also enclosed is Carlton Fields' Check No. 297456 in the amount of \$25.00 for the filing fee.

Very truly yours,

oyee F. Dentubo

Administrative Assistant

ifb

Enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited 1	liability company is: Starte	ic Bannds TNTERNE	Trongly LLC
2. The mailing address of th	ne limited liability company is:	61 Compo Rd. Ma	ath.
	WESTPORT,	CT 06880	
9/28/00		4000000117	S (a
3. Date of filing/registration	in Florida	4. Document number	
5. The name of the registered Florida Department of Sta	d agent and the registered office	address as shown on the recor	ds of the
_	Cober Corporate	Agents E	
	2601 South Bou		Floor I
	Address M. A.M. FL City, State and Z	- ::Tri -	LED 5 PHI2: 20
6. The name and address of	the new registered agent and/or of	office:	: 20
	CFRA LLC		
^	ne Harbour Place 77	7 & Hachar Tslan	I Blud 5th flow
<u></u> 1	Florida street address (P.O. Box	NOT acceptable)	10. 0100, 0 1100.
	Tampa FL 3	3602	
	Tampa FL 3 City, State and Zip)	
confirmed that after the char and the business office of the liability company, it is hereb	any is not organized under the large or changes are made, the Floe registered agent will be identicely confirmed that the change(s) valiability company or as otherwise the limited liability company.	rida street address of the regis al. Or, in the case of a Florida vas/were authorized by an affi	tered office a limited rmative vote of
Kichan Johns (Signature of a member or authorized	I representative of a member)		
KICHARO BAROLE (Printed or typed name of signee)		•	•
I hereby accept the appoints comply with the provisions of and Lam familiar with and the Chapter 608, F.S. Or, if this address, I hereby confirm the	ment as registered agent and ag of all statutes relative to the prop accept the obligations of my posi of document is being filed to mere at the limited liability company	ree to act in this capacity. I fu per and complete performance ition as registered agent as pr ely reflect a change in the regi has been notified in writing of	orther agree to of my duties, ovided for in stered office this change.
(Signature of Registered Agent)	P	eter J. Win	ders
	of Corporations, P.O. Box 632	rice Presion, Tallahassee, FL 32314	Lea to
INHS18(10/99)	FILING FEE: \$2	5.00	1/11/02