

L 030000 23957

ISLAND COMPANY

DESIGNER SWIMWEAR

227 FIRST STREET No. 2, MIAMI BEACH, FL. 33139

WWW.ISLANDCOMPANY.COM

P. 305.534.6700 F. 305.534.2424

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 liability company is: ISLAND COMPANY LLC
2. The mailing address of the limited liability company is : 312 CLEMATIS ST #401  
WEST PALM BEACH, FL 33401

7-01-2003  
3. Date of filing/registration in Florida

LO 3000023957  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

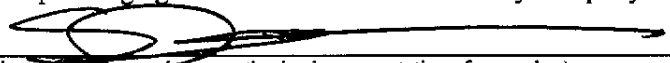
SPENCER ANTLE  
Name  
227 FIRST ST #2  
Address  
MIAMI BEACH, FL 33139  
City, State and Zip

6. The name and address of the new registered agent and/or office:

SPENCER ANTLE  
Name  
312 CLEMATIS ST #401  
Florida street address (P.O. Box NOT acceptable)  
WEST PALM BEACH FL 33401  
City, State and Zip

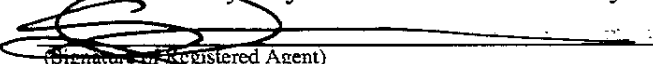
CHANGE  
BOTH  
PLEASE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

SPENCER ANTLE  
(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

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

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PH 2:52  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA