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GERALD WEINBERG, P.C.

Attorneys at Law 90 State Street Albany, New York 12207

Gerald Weinberg Lawrence A. Kirsch Telephone (518) 463-2051 NYS (800) 342-9856 Facsimile (518) 463-0079

November 24, 2004

Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Re: TOMMY HILFIGER RETAIL, LLC

Enclosed herein please find original and a copy of the Statement of Cahnge of Registered Agent for the above named Limited Liability Company. Please file the document and return to me a stamped filed copy of the Articles. Enclosed please find a check made payable to Florida Department of State in the amount of \$25.00.

Please return proof of filing to this office in the enclosed Federal Express envelope for your convenience.

Thank you for giving this matter your attention.

Very truly yours,

Katherine E. Mitchell

Legal Assistant

Enc.

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 limit | ed liability company is: | Tommy | Hilfiger Retail, LL | C |
|--|---|--|--|---|
| 2. The mailing address of | of the limited liability co | mpany is : | 200 Liberty Way | , Cranbury, NJ 08512 |
| June 17, 2002 | | M0200001556 | | |
| 3. Date of filing/registration in Florida | | 4. Document number | | |
| 5. The name of the regist Florida Department of | | | | on the records of the |
| | 10406 Emerald Coa | Name | | |
| | Destin, FL 32541 | Address State and Z | Cip | 2004 NOV 29 PH 3: 41 |
| 6. The name and address | of the new registered ag | ent and/or | office: | MON 29 PH |
| | Linda M. Siluk/The | Tommy Hi | lfiger Co. Store | |
| | 10406 Emerald Coa | Name Ist Pkwy # | 77 | 3: 41 FLORI |
| | Florida street address | (P.O. Box | NOT acceptable) | DE. |
| | Destin | FL 3254 | 1 1 | |
| | City, St | ate and Zip |) | |
| If the limited liability conconfirmed that after the cand the business office of liability company, it is he | hange or changes are ma the registered agent wil | ide, the Flo Il be identic change(s) v | orida street address of cal. Or, in the case | of the registered office of a Florida limited I 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)

Steven R. Gursky, Secretary

(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

FILING FEE: \$25.00