

# MD30000001815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

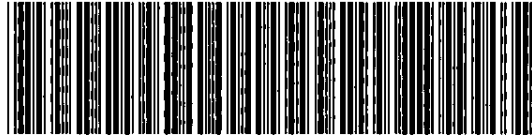
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

LS

Office Use Only

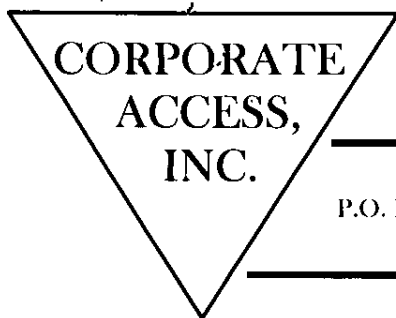


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RECEIVED  
07 OCT 29 PM 3:22  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
07 OCT 29 PM 12:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



*"When you need ACCESS to the world"*

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236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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## WALK IN

PICK UP: 10/29

- |                                     |                |              |
|-------------------------------------|----------------|--------------|
| <input type="checkbox"/>            | CERTIFIED COPY | _____        |
| <input checked="" type="checkbox"/> | PHOTOCOPY      | _____        |
| <input type="checkbox"/>            | CUS            | _____        |
| <input checked="" type="checkbox"/> | FILING         | <u>Amend</u> |

1. CT Corporation System  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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**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: ST. JOHN APPAREL, LLC

2. The mailing address of the limited liability company is : 17522 ARMSTRONG AVE, IRVINE, CA 92614

06/04/2003

M03000001815

3. Date of filing/registration in Florida

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:

C T CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Address

PLANTATION, FL 33324

City, State and Zip

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

PARACORP INCORPORATED

Name

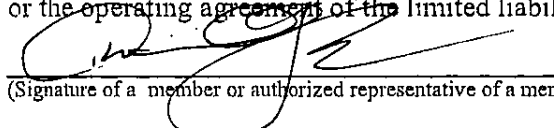
236 EAST 6TH AVENUE

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32303

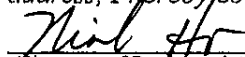
City, State and Zip

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)

Daniel J. Burke, Secretary for St. John Knits International, Incorporated,  
(Printed or typed name of signee) its Managing Member

*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