To. +1 (850) 205-0380



Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000236548 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

· (850)205-0380

From:

Account Name

; CORPDIRECT AGENTS, INC.

Account Number : 110450000714

Phone

: (850) 222-1173

Fax Number

(850) 224-1640

REGISTERED AGENT CHANGE

PERRY ELLIS MENSWEAR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

09/25/2006 05:44:33 PM

289-S42-883

89/26/2006 07:48

H060002365483

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

Pursuant to the provisions of sections 608.41 liability company submits the following statem agent, or both, in the State of Florida.	6 or 608.508, Florida Statutes, the undersigned it unt in order to change its registered office or regis	mited stered
1. The name of the limited liability company is:	Perry Ellis Menswear, LLC	
2. The mailing address of the limited liability of	ompany is: 3000 N.W. 107TH AVENUE	•
MIAMI FL 33172		
02/16/2005	M05000000849	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered agent	stered office address as shown on the records of the	
B & C CORPOR	Name Name	
ONE BISCAYNE TOV	VER, 21ST FL 2 SOUTH BISCAYNE BLVD	t-5
MIAMI FL 33131	Address	2006
	, State and Zip	SEP
6. The name and address of the new registered agent and/or office:		26
CorpDirect Agent		2
515 E Park Ave.	Name	œ E
Florida street addres	ss (P.O. Box NOT acceptable)	ယ
	9, FL 32301	
City, s	State and Zip	
and the business office of the registered agent w	under the laws of the State of Florida, it is hereby nade, the Florida street address of the registered offi- vill be identical. Or, in the case of a Florida limited e change(s) was/were authorized by an affirmative v y or as otherwise provided in the articles of organizat ty company.	
(Signature of a member or authorized representative of a memb		
find the state of	(text y	
(Printed or typed name of signer)		
	ngent and agree to act in this capacity. I further agri e to the proper and complete performance of my dut ns of my position as registered agent as provided for filed to merely reflect a change in the registered offi ty company has been notified in writing of this chang	re 10 les in ce gr.
(Mignature of Registered Agent)	· ·	
Division of Corporations, P.	.O. Box 6327, Tallahassee, FL 32314 IG FEE: \$25.00	
INH518 (8/05)	H06000236548 3	