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1105-200L

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173

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REGISTERED AGENT CHANGE

SUPREME INTERNATIONAL, LLC

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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.

agent, or both, in the Stat	e of Florida,				.,
1. The name of the limite	d liability company is:	Supreme International, LLC			
2. The mailing address o	Tthe limited liability co	mpany is : ATTN: TAX DEP	ARTMENT		
3000 N.W. 107TH AVENUE	E, MIAMI FL 33172		=		_
02/16/2005		M05000D0086	2		_
3. Date of filing/registrat	ion in Florida	4. Document	питьст		
5. The name of the register Florida Department of	ared agent and the regist State:	ered office address as show	wn on the records	of the	
	B & C CORPORATE	7/	·	-	3
		Name ER, 21ST FL 2 SOUTH 81St Address	CAYNE BLVD		
	MIAM) FL 33131	1401433		دري سنڌ	r~3
	City, S	State and Zip	<u></u> w		2006
6. The name and address	of the new registered ag	ent and/or office:			器
	CorpDirect Agents, In	ic.		SS:X	26
	515 East Perk Avenue	lanic		芸二	
		(P.O. Box NOT acceptable	<u>-</u> · · - 	:_ =	
	A 401 Stree cut Part Brites and	12 101 DOLL LO I HARDNING!	-)		င်ာ
	Tallahassee	FL 32301		E)m	ယ္အ
	City, St	ate and Zip			acj ,
If the limited liability con confirmed that after the claud the business office of liability company, it is her of the members of the lin or the operating agreement	ipany is not organized using or changes are not the registered agent will be on firmed that the little liability company of the limited liability	nder the laws of the State of the the Florida street address be identical. Or, in the createst was/were author or as otherwise provided in company.	of Florida, it is he see of the register see of a Florida lin ized by an affirm the articles of or	reby ed office mited ative you ganizatio	e n
(Signature of a member or author	zed representanve of a member	1			
TOH D'AMBROS	i D				
(gauged or taken) venue of affered)		· · · · · · · · · · · · · · · · · · ·	• •		
I hereby accept the appoint comply with the provision and am familiar with appoint the provision of the complete that the complete the confirmal and the confirmal	niment as registered ag s of all statutes relative t accept the obligations has document is heing fit that the limited liability	ent and agree to act in this to the proper and complete of my position as registere act to merely reflect a char company has been notified	capacity. I furth e performance of d agent as provid age in the register I in writing of this	er agree my duties led for in red office s change.	10 \$,
(nothing to a see Entried Whether					
Divisio	n of Corporations, P.O FILING	L Box 6327, Tallzhassee, FEE: \$25.00	FL 32314		

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