## M07000000703

	(Requestor's Name)	<u></u>	
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	(City/State/Zip/Phone #)		
PICK-UF	P WAIT	MAIL	
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SECRETARY OF STATE

D. BRUCE

FEB 24 2012

**EXAMINER** 



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE: 104688 7853693

AUTHORIZATION_	$\mathcal{L}$	iX all.	
AUTHORIZATION	XXIII	rece	man

COST LIMIT ( \$ 25.00

ORDER DATE: February 22, 2012

ORDER TIME : 9:22 AM

ORDER NO. : 104688-008

CUSTOMER NO: 7853693

## CHANGE OF AGENT

NAME: TORY BURCH LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

## 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. Nam	ne of the limited liability company: TORY BURCH	I LLC
2. (a) l	Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	24200 Conroy Rd., Space K290 Orlando. FL 32839
(b) 1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	11 West 19th Street, 7th Floor New York, NY 10011
2/5/20 3. Date		M0700000703  4. Document number
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
	Registered Agent:	C T Corporation System
	Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) l	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	proper to the second se
	NEW Registered Agent:	Corporation Service Company
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
that afte office o hereby o liability limited	mited liability company is not organized under the last the change or changes are made, the Florida street of the registered agent will be identical. Or, in the case confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited
	en Cathell, Authorized Person or typed name of signee)	
I hereb comply am fami F.S. Or confirm	y accept the appointment as registered agent and ag with the provisions of all statules relative to the pro- iliar with and accept the obligations of my position of this document is being filed to merely reflect a c that the limited liability company has been notified	ree to act in this capacity. I further agree to ber and complete performance of my duties, and I is registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.

(Signature (Registered Agent) Corporation Service Company Sylvia Queppet, Assistant Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)