M12000007123

(Req	uestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
		MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
Office Use Only					



04/15/21--01033--006 **25.00







CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: April 13, 2021

Order#: 751310-002

Re: BRUNELLO CUCINELLI USA RETAIL LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. XX Check in the amount of \$25.

Please take the following action:

XXFile in your office on a routine basis.XXIssue Proof of Filing.XXPlease return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX ____ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 605,0114 or 605,0116, 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. N	ame of the limited liability company:	CUCINELLI US	SA RETAIL LLC		
2. (a)			(b) 466 SAW MILL RIVER ROAD		
2. (u)	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)	(0)_	(0)		
	ARDSLEY, NY 10502	A	RDSLEY, NY 105	02	
	12/20/2012	M1	12000007123		
3.	Date of filing/registration in Florida	4.	Documen	t number	
5. (a	NRAI SERVICES, INC.				
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State				
	1200 SOUTH PINE ISLAND ROAD			AP T	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			HELANASSEE	
	PLANTATION	FL		HELLED	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	red Office addre	<u></u>		
	Corporation Service Company				
	<u>NEW</u> Registered Office Address:				
	1201 Hays Street				
	Tallahassee	FL			
chang agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited rere authorized by an affirmative vote of the member ticles of organization or the operating agreement of t	the registered c Hiability comp rs of the limited	office and the busin any, it is hereby ec d liability company	ness office of the registered on firmed that the change(s)	
			ni, Authorized Pers	on	
Signature of a member of a authorized representative of a member			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 605, 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 Grace E. Kirby, Asst. Vice President of Corporation Service Company

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

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