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SECRETARY OF STATE

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,		
this statement of change is submitted for a corporation organized under the laws of the State of		
TLORIDA in order to change its registered office or registered agent, or both, in the State		
of Florida.		
1. The name of the corporation: Tiloten Maquiladores Jeans, Inc.		
2. The principal office address: 800 Nest Ave. Ste. 945		
Main Beach, +1 33139		
3. The mailing address (if different):		
4. Date of incorporation/qualification: MARCH 14,2002 Document number: #02000056597		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
International Business Incorporators, Inc		
MARIE JORCZAIC		
8108 SW 103 Avenue, Miani, Fl 33173		
6. The name and street address of the new registered agent (if changed) and /or registered office (if		
changed): $\mathcal{N} \cap \mathcal{N} \cup \mathcal{N}$		
Talegood Topog		
(P.O. Box of personal mailbox NOT acceptable)		
Means Books. Fl 33139		
The street address of its registered office and the street address of the husiness of its registered		
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.		
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the curporation has been notified in writing of the change.		
authorized by the board, of the differential has been notified in withing of the change.		
(Signature of an officer, chairman of vice chairman of the board) (Printed or typed name and fitter)		
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered		
office address. I hereby confirm that the corporation has been notified in writing of this change.		
2 24 03 20 0		
(Signature of Registered Agent) (Date)		
If signing on behalf of an entity:		
(Typed or Printed Name) (Capacity)		
* * * FILING FFF • \$35.00 * * *		
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		
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