## 240627

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special medications to many officer.				
}				
}				

Office Use Only



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## **COVER LETTER**

TO:	Amene Divisi	dment Section on of Corporations		
SUBJ	ECT:_	Elizabeth Arden, Inc.	Corporatio	n)
DACI	TA STORY	240647		
		NUMBER: 240647		
		Statement of Change of Registered Off	-	•
Please	return a	ll correspondence concerning this mat	ier to the fo	llowing:
		Ana M. Chavez		
		(Name of C	Contact Pers	son)
		Elizabeth Arden, Inc.	Company)	
		2400 SW 145 Avenue, St. (Ad	rite 2S Idress)	
		Miramar, Florida 33027 (City/State	and Zip Co	ode)
For fu	rther infe	ormation concerning this matter, please	e call:	
Ana	M. Cha	Vez (Name of Contact Person)	at (_9 (A	54 364-6900, ext. 8302 rea Code & Daytime Telephone Number)
Enclos	ed is a \$	35.00 check made payable to the Depa	artment of S	State.
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	-	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.			
1. The name of the corporation: Elizabeth Arden, Inc.			
2. The principal office address: 2400 SW 145 Avenue, Suite 2S, Miramar, Florida 33027			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 9/28/1960 Document number: 240647 Pr S			
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:			
Oscar E. Marina			
14100 NW 60 Avenue 등을 통 다			
Miami Lakes, Florida 33014			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
Oscar E. Marina			
2400 SW 145 Avenue, Suite 2S			
(P.O. Box NOT acceptable)  Miramar, Florida 33027			
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 corporation has been notified in writing of the change.			
Oscar E. Marina, Exec. Vice President (Printed or typed name and true)			
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.			
December 20, 2005			
(Signature of Registered Agent) (Date)			
Oscar E. Marina			
(Typed or Printed Name)			
* * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314