

240627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

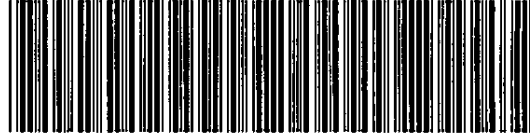
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900288873229

08/18/16--01022--023 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2016 AUG 18 AM 7:56

AUG 29 2016

C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ELIZABETH ARDEN, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 240627

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA M. CHAVEZ  
Name of Contact Person

ELIZABETH ARDEN, INC.  
Firm/Company

880 SW 145 AVENUE, #200  
Address

PEMBROKE PINES, FL 33027  
City/State and Zip Code

achavez@elizabetharden.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana M. Chavez at ( 954 ) 364-6913  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of 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: 880 SW 145 Avenue, Suite 200, Pembroke Pines, FL 33027  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 9/28/1960 Document number: 240627

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Oscar E. Marina  
2400 SW 145 Avenue  
Miramar, Florida 33027

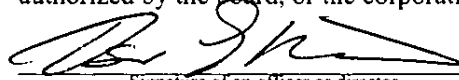
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Oscar E. Marina  
880 SW 145 Avenue, Suite 200  
P.O. Box NOT acceptable  
Pembroke Pines, FL 33027

2016 AUG 18 AM 7:56  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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.

  
Signature of an officer or director

Oscar E. Marina, EVP  
Printed or typed name and title

*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.*

  
Signature of Registered Agent

July 11, 2016  
Date

If signing on behalf of an entity:  
Elizabeth Arden, Inc.  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*