

ACCOUNT NO.

072100000032

REFERENCE

563256

43,70126

AUTHORIZATION

ORDER DATE: December 28, 2001

ORDER TIME: 9:26 AM

ORDER NO. : 563256-020

CUSTOMER NO:

4370126

CUSTOMER:

Rosalyn Middlemark, Legal Asst

Lvmh Moet Hennessy, Inc.

19 East 57th Street, 5th Floor

New York, NY 10022

CHANGE OF AGENT

NAME:

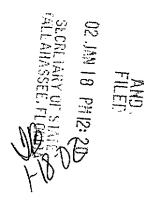
BENEFIT COSMETICS LLC

000004784400--6

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar



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. The name of the limite	d liability company is	: BENEFI	T COSMETICS LL	ıc	,	
2. The mailing address of	the limited liability of	company is	: 685 Mark	et Street	7th Floor.	
San Francisco	CA 94	105			•	
09/14/1999			M9900000144			
3. Date of filing/registrati	on in Florida		4. Document	number		
5. The name of the registe Florida Department of S		istered offic	ce address as show	vn on the recor	ds of the	
	Lexis Doc	ument Ser	vices Inc.	<u>. </u>	_	_
		Name		· 		
	3953 W	. W. Kell	ey Road			
		Address				
Tallahassee, FL 32311 City, State and Zip						
	•	•	•			ب بر م
6. The name and address	of the new registered	agent and/c	or office:			
	Corporati	on Servic	e Company		18 PH 12: 2 NAKY OF SIAI ASSEE, FLORE	
	001201	Name			그 그	''
	1201	Hays Str	eet		516	
	Florida street addre			e)	PEL 21	
					Þ	
	Tallahassee	FL	32301			:
	City,	State and 2	Zip			
If the limited liability come confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of	hange or changes are the registered agent to reby confirmed that the d liability company of the limited liability	made, the I will be iden he change(s or as otherw company.	Florida street addrestical. Or, in the call was/were author ise provided in the	ess of the regis ase of a Florida ized by an affi e articles of or	stered office a limited irmative vote of ganization or	
(Signature of a member or author	ized representative of a men	nber)	66, LVHM Moet	t Hennessy I	Louis Vuittor	ı Inc.
Louise Fireston. (Printed or typed name of signes)						- .
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered is of all statutes relat d accept the obligation this document is bein t that the limited liabi	agent and a ive to the prons of my po g filed to m lity compar	agree to act in this roper and complet osition as register erely reflect a cha sy has been notifie	s capacity. I fi te performance ed agent as pr inge in the regi ed in writing of	ırther agree to ? of my duties, ovided for in istered office f this change.	-
Carol 1	(Dr		. #			
(Signature of Registered Agent)	Carol K. Dolor,	AVP		•		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00