

M99000001440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 JUN 20 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 22 2017



Beauty Central
225 Bush Street, 20th Floor
San Francisco, CA 94102

T 415 781 8153
F 415 781 3930

June 13, 2017

Benefit Cosmetics LLC
Jami Fogelhut
415.343.7241
jamif@benefitcosmetics.com

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Amendment to Certificate of Authority - BENEFIT COSMETICS LLC

To Whom It May Concern,

Enclosed please find a n amendment to add an authorized person for BENEFIT COSMETICS LLC, #M99000001440. Also enclosed is the \$25 filing fee. Please let me know if you have any questions or concerns.

Best Regards,

Jami Fogelhut
Paralegal



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BENEFIT COSMETICS LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jami Fogelhut, Legal Dept.
Name of Person

Benefit Cosmetics LLC
Firm/Company

225 Bush St., 20th Floor
Address

San Francisco, CA 94104
City/State and Zip Code

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

For further information concerning this matter, please call:

Jami Fogelhut at (415) 3437241
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BENEFIT COSMETICS LLC

Enter new principal office address, if applicable: 225 Bush Street, 20th Floor

(Principal office address

MUST BE A STREET ADDRESS)

San Francisco, CA 94104

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

225 Bush Street, 20th Floor

c/o Legal Dept.

San Francisco, CA 94104

2. The Florida document number of this limited liability company is: M99000001440

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: September 14, 1999

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

City Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

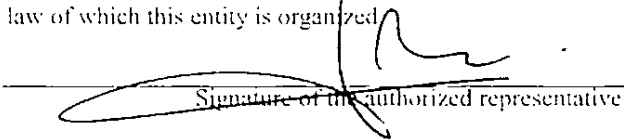
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

add authorized person as detailed below

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CFO	JEAN-MARC DEBUC	225 Bush St, 20th Floor, San Francisco, CA 94104	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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SAN FRANCISCO, CALIFORNIA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized


Signature of the authorized representative

Jean-Marc Debuc, Chief Financial Officer of Benefit Cosmetics LLC

Typed or printed name of signee

Filing Fee: \$25.00