

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSP GROUP L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Josh McFarland
Contact Person

OSP Group
Firm/Company

2300 Southeastern Avenue
Address

Indianapolis, IN 46201
City, State and Zip Code

josh.mcfarland@ospgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josh McFarland at (317) 266-3760
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee ☒ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

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

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

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is: OSP GROUP L.P. B12000000203

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 09/07/2012

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name: FullBeauty Brands, L.P.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

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TALLAHASSEE, FLORIDA

2015 JAN 13 PM 12:52

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

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

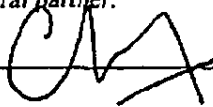
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- ☐ The entity elects to be a limited liability limited partnership.
- ☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

Catherine Doucet, Sec./Treasurer, Jessica London, Inc. its GP

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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2015 JAN 13 PM 12:52
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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "OSP GROUP, L.P.",
FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO
"FULLBEAUTY BRANDS, L.P.", THE TWELFTH DAY OF JANUARY, A.D.
2015, AT 9:17 O'CLOCK A.M.



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150040364

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2031149

DATE: 01-12-15