F02000001930

(Red	questor's Name)				
(Address)					
(Add	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	 WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
		}			

Office Use Only



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MA change



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dermalogica, Inc. (Name of corporate	ion)
DOCUMENT NUMBER: F02000001930	
The enclosed Statement of Change of Registered Office/Agent and	d fee are submitted for filing.
Please return all correspondence concerning this matter to the following	owing:
Becky Wong (Name of person))
Dermalogica, Inc. (Name of firm/compa	any)
1001 Knox Street, Torran (Address)	ce, Ca 90502
Torrance, CA 90502 (City/state and zip co	ode)
For further information concerning this matter, please call:	
Loretta Stanley, Corp. Controlle: (Name of person)	at (310) 352-4784 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of Sta	ate.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the pr	rovisions of sections 6	07.0502, 617.0502, 6	07.1508, or 617.150	08, Florida Statute.	s, this statement of
change is submitte	ed for a corporation o	rganized under the la	ws of the State of_	Califor	n <u>ia</u> in order
to change its regis	stered office or registe	red agent, or both, in	the State of Florida	2.	
1. The name of th	e corporation: De	rmalogica, I	nc.		- · · · · · · · · · · · · · · · · · · ·
2. The principal o	ffice address: 10	00 Brickell	Ave. Ste	660	
• -	L 33131	_			
3. The mailing ad-	dress (if different):	1001 Knox S	treet. Torr	ance, CA 9	0502
4. Date of incorpo	oration/qualification:	11/29/82	_ Document number	r:_F020000	1930
5. The name and s Florida Departr	street address of the cu ment of State:	urrent registered agen	and registered office	ce on file with the	260
_	Morg:	an, Gregory	s		(里里)
-	3201	West Commer	cial Blvd_#	122	
-	Fort	Lauderdale,	FL 33309		— آب آب —
(if changed):	street address of the ne	ew registered agent (i	f changed) and /or n	egistered office	30
_	Cub	<u>illos, Victo</u>	ria		 .
_	. 100	O Brickell (PO. Box or personal mailt	Ave, Ste	660	
	NA:	•			
-		ami FL 33	· · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
The street address changed will be i	s of its registered offi dentical.	ice and the street add	lress of the busines	s office of its regi	stered agent, as
Such change was the board, or the	auth rized by resolu dorporation has been	ion duly adopted by notified in writing o	its board of direct fine change.	ors or by an office	er so authorized by
(Si)	gnature of an other of direct	or)	Raymo	Printed or typed name an	pand
I hereby accept to I further agree to duties, and I am being filed merel been notified in v	he appointment as re o comply with the pro- familiar with and acc y to reflect a change writing of this change	gistered agent and a visions of all statutes ept the obligation of in the registered offi	gree to act in this of relative to the profing position as regice address, I hereb	apacity, per and complete istered agent. Or y confirm that the	VYESIOLY performance of my , if this document is corporation has
	Signatur of Registered Agent			9.128 104 (Date)	<u> </u>
If signing on beh	alf of an entity!	•	<u>.</u>		
Victoria	<u>Cubillos</u>		Busi		sultant
	(Typed or Printed Name)			(Capacity)	•

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