

FO2000001930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

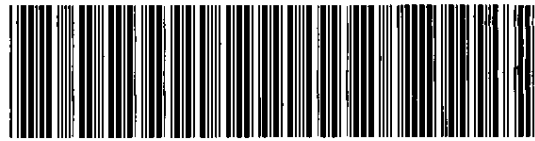
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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2010

KEVIN ALBERTO NARVAEZ
DERMALOGICA, INC.
1535 BEACHEY PLACE
CARSON, CA 90746

SUBJECT: DERMALOGICA, INC.
Ref. Number: F02000001930

We have received your document for DERMALOGICA, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 510A00022451

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dermalogica, Inc.
Name of Corporation

DOCUMENT NUMBER: F02000001930

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:

Kevin Alberto Narvaez
Name of Contact Person

Dermalogica, Inc.
Firm/Company

1535 Beachey Place
Address

Carson, CA 90746
City/State and Zip Code

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

For further information concerning this matter, please call:

Kevin A. Narvaez at (310) 900-4000
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 California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dermalogica, Inc.
2. The principal office address: 550 W. Cypress Creek Road Ste. 350
Fort Lauderdale, FL 33309
3. The mailing address (if different): c/o Kevin A. Narvaez
1535 Beachey Place Carson, CA 90746
4. Date of incorporation/qualification: 04/17/02 Document number: F02000001930
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)

Adriana La Marca

550 W. Cypress Creek Road Ste. 350

Fort Lauderdale, FL 33309

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

Christine McDermott

390 N. Orange Ave. Ste. 150


P.O. Box NOT acceptable

Orlando, FL 32801

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NOV 18 PM 5:27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

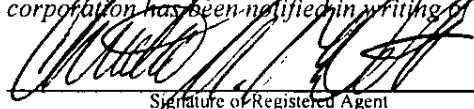
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Weslie Rau, VP
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

11/05/10
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)