

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001115593)))



H200001115593ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

 $\ddot{\cong}$

REGISTERED AGENT CHANGE BEAUTY BRANDS SUR AMERICA SAS INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu Corporate Filing Menu

Help

APR 17 2020

H20000111559 3

COVER LETTER

| TO: Amendment Section Division of Corporations | • |
|---------------------------------------------------|----------------------------------------------------------|
| | |
| SUBJECT: Beauty Brands Sur America SAS Inc | |
| Name of Corporation | |
| DOCUMENT NUMBER: F18000004756 | |
| 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: |
| Arturo H Banegas Masia | |
| Name of Contact Person | |
| Akerman LLP | |
| Firm/Company | |
| 666 Fifth Ave. 20th Floor | |
| Address | |
| New York, NY 10103 | |
| City/State and Zip Code | |
| arturo.banegasmasia@akerm | an.com |
| E-mail address: (to be used for future annua | l report notification) |
| | |
| For further information concerning this matter, p | please call: |
| Arturo H Banegas Masia | 21/212 \259-6408 |
| Name of Contact Person | at (212) 259-6408 Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the | Department of State. |
| Mailing Address: | Street Address: |
| Amendment Section | Amendment Section |
| Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| : wimiwatt, 1 t 22217 | Tallahassee, FL 32303 |

CR2E045 (04/13)

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENTS OR BOTH

| statement of char | ige is submitted for a corporation | 7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of | Colombia |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| in order | to change its registered office or i | registered agent, or both, in the State of F | lorida. |
| 1. The name of the | ne corporation: Beauty Brands Sur | America SAS Inc | |
| 2. The principal of | office address: CL 84 NO. 24 40, B | Bogotá, Colombia | |
| | CCC FIRM A | 00U FI N | • |
| _ | ddress (if different): 666 Fifth Ave. | | —= |
| 4. Date of incorporation/qualification: 10/15/2018 Document number: F18000004756 | | | |
| 5. The name and Florida Depar | street address of the current registe tment of State: (If resigned, enter re | ered agent and registered office on file with esigned) | the . |
| | Resigned | | |
| | |) - 1 }a-, | 20 |
| | | | 20 APR |
| 6. The name and (if changed): | street address of the new registered Corporation Service Company | agent (if changed) and /or registered office | |
| | 1201 Hays Street | Dr. | <u> </u> |
| | Tallahassee | O. Box NOT acceptable . FL 32301 | |
| | | reet address of the business office of its reg | |
| authorized by | he board or the corporation has been | opted by its board of directors or by an offic in notified in writing of the change. | er so |
| Fill | | Paola Mireya Riveros Infante, Le | gal Representati |
| I hereby accept I further acree of my duties, ar document is be corporation ha | A of an officer or director the appointment as registered agent to comply with the provisions of all t and familiar with and accept the ing filed merely to reflect a change in s been notified in writing of this chan n Service Company | Finled or typed hame and title I and agree to act in this capacity, statutes relative to the proper and complete obligation of my position as registered ager in the registered office address, I hereby con- inge. | performance it. Or, if this firm that the |
| By: \ \U.S. | | 04/16/2020 Date | |
| If signing on be | chalf of an entity: | | |
| | ROBERSON, ASST. VICE PRESII | DENT | |
| | Typed or Printed Name | FEE: \$35.00 * * * | |
| ٨ | MAKE CHECKS PAYABLE TO I | FLORIDA DEPARTMENT OF STATE S. P.O. BOX 6327, TALLAHASSEE, FL 32314 | |