## 12000019450

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
······································	LC dba Merle Norman Cosmetics nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
	•
Irena Jaroszynska	
Name of Person	
Perina Enterprises, LLC Firm/Company	——————————————————————————————————————
6801 Gulfport Blvd S #9 Address	2012 APR 25 AN SECRETARY OF ALLAHASSEE, F
South Pasadena, FL 33707 City/State and Zip Code	OF STATE E. FLORIDA
jari2us@yahoo.com E-mail address: (to be used for future annual report noti	
For further information concerning this matter,	, please call:
**************************************	at ( <u>850</u> ) <u>339-7684</u>
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	\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Perin	a Enterprises, LLC dba Merle Norman Coso
2. (a) Principal office address of limited liability cor	mpany: 401 Rosery Rd NE, #505
(Note: MUST BE STREET ADDRESS)	Largo, FL 33770
(b) Mailing address of limited liability company:	401 Rosery Rd NE, #505
(Note: MAY BE POST OFFICE BOX)	Largo, FL 33770
2/9/2012	L12000019450
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	on on the records of the Florida Dept. of State:
Registered Agent:	Irena Jaroszynska 🖂 🗠
Registered Office Address:	401 Rosery Rd NE, #505 20 10 10 10 10 10 10 10 10 10 10 10 10 10
	777
(b) Enter name of NEW Registered Agent and/o	r NEW Registered Office address
NEW Registered Agent:	N/A
NEW Registered Office Address:	6801 Gulfport Blvd S, Suite #9
(MUST BE FLORIDA STREET ADDRESS)	South Pasadena ,FL33707
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability confirmed that the characteristic of a member or authorized representative of a member	the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization npany.
Signature of a manifest representative of a manifest	
Irena Jaroszynska Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.
Signature of Registered Agen	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00