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1 9: 58	To:	Division of Corporations Fax Number : (850)617-6383
10CI-6 AM	Figure 1985 From:	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010
*205	Ente≱ the e annual Email A	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 email address for this business entity to be used for future report mailings. Enter only one email address please.** ddress:

LLC REGISTERED AGENT CHANGE ONE TWO COSMETICS, LLC

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

L N	ame of the limited liability company: One Two	Cosme	etics, LLC
2. (a)		_ (b)	
_, ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)
	12/04/14		1000185674
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS		
	Registered Agent and Registered Office shown on the records of the S575 S. SEMORAN BLVD Registered Office Address (MUST BE FLORIDA STREET A.)	, of State:	
	SUITE 36		
		32822	
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered Company New Registered Company New Registered Company New Registered Office Address: STE 300	FILED	
			2: L8 STATE LORIDA
	St. Petersburg	33702	
the chagent was/v	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registere bility compa f the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) Hiability company or as otherwise provided in
	ature of a member or authorized representative of a member	Riley P	
-			Printed or typed name of signee
provi. the ol to me notifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address, I had writing of this change.	performance Lfor in Chap iereby confir	e of my duties, and 1 am familian with and accep- over 605, F.S. Or, if this document is being filed rm that the limited liability company has been
	Bill Havre - Assistant	ı Secretary	/