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Division of Corporations

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From:

P.A.

: TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,

Account Number : 076424003301 Phone : (813)223-7474

16-1671/WAM

Fax Number

: (813)227-0435

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

Email Address: tgood@trenam.com

> LLC REGISTERED AGENT CHANGE CAKED MAKEUP 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 charge its registered office or registered agent, or both, in the State of Florida

riorida.	
Name of the limited liability company:	caked makeup LLC
2 (a) 1208 E Kennedy Blu	d & Same as office
Principal office address of limited liability co	mpany: Mailing address of limited liability company:
11NA+ 1029	a d d v 200
Tampa, FL 3340	7
TUTTON TE DECE	
12/12/14	L14 600 190121
3. Date of filing/registration in Florid	
s. (a) Legal inc corp	brate sources inc
Registered Agent and Registered Office shown on the	e records of the Florida Dept. of State:
5287 Summer	un commons
Registered Office Address (MUST BE FLORIDA	A STREET ADDRESS!
DFC 400	27041
11. Negers, PG	
(b) TK Registered Agent. Inc.	Registered Office address:
Enter name of NEW Ragistered Agent and/or NEW	11/100
101 E. Kennedy Boulevard, Suite 27 NEW Registered Office Address:	700
	F. 6
	•
Tampa	, FL <u>33602</u>
If the limited liability company is not organized un	der the laws of the State of Florida, it is hereby confirmed that after
agent will be identical. Or, in the case of a Floridal	address of the registered office and the business office of the registered limited liability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the p the articles/of organization or the operating agreem	nembers of the limited liability company or as otherwise provided in ent of the limited liability company.
Minuma	nicole channel
Signature of a member or authorized representative of a men	
provisions of all statutes relative to the proper and the obligations of my position as registered agent b	nt and agree to act in this capacity. I further agree to comply with the I complete performance of my duties, and I am familiar with and accept as provided for in Chapter 605, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability company has been
to merely reflect a change in the registered office a notified in writing of this change	edäress, I hēreby confīrm that the limited liability company has been
Signature of Registered Agent	
	ns• P.O. Box 6327• Tallahassee, FL 32314
	ILING FEE: \$25.00

INHS18 (2/14)