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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Covet Beauty, LLC			
Name of Limited/Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
David Mattice Name of Person			
Covet Beauty, LLC Firm/Company			
2123 (amden Ave Address			
Jacksonville, FL 32207 City/State and Zip Code			
H-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Tuan Tu ar (904) 566 6	0664		
Name of Person Area Code & Da	aytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRE	SS:		
Registration Section Registration Section			
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	ions		
2661 Executive Center Circle Tallahassee, Florida 32301 Tallahassee, Florida 32301	32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee \$\text{Co}\$	rtified Copy		

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. Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 3. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: KSONÚ If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee 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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been

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

notified in writing of this change.

Signature of Registered Agent