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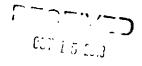
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Shabah Naturals Name of	Beauty & Skin Care LLC. Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Lebecca Onagorawa Name of Person	
Shabah Naturals Beauty & Firm/Company	Skinlare LLC
2805 Veronia Dr. Lpt. 10 Address	<u></u>
Palm Beach Glardens FL City/State and Zip Code	334/D
Shabahnaturats @gmail E-mail address: (to be used for future annual re	
For further information concerning this matter, pleas	se call:
Rebecca Onagonina at	(56) 846-0965
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
□ \$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 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. chabah Naturals Beaut. Name of the limited liability company: -(b) Mailing address of limited liability company: Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) Date of filing/registration in Florida 3. Document numbe 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 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 notified in writing of this change. Signature of Registered Agent