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Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

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LLC REGISTERED AGENT CHANGE KUMIKO SKINCARE LLC

Certificate of Status	0
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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.

1. N	ame of the limited liability company: Kumiko Skincaro	LLC				
2. (a)	8230 CORAL WAY		(b) 8230 CORAL WAY			
2. (4.)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited lia (Note: MAY BE POST Of			
	MIAMI, FL 33155		MIAMI, F	L 33155		
	01/14/2020		1.200000205	345		
3. 5. (a)	Date of filing/registration in Florida AYUDA CENTER	4.		Document number		
J. (u)	Registered Agent and Registered Office shown on the records of 8230 CORAL WAY	the Flo	rida Dept. of State	-		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	<u>:</u> , .	2023
	MIAMI , FI	3315	5	-	; ;>-	11 HYP 880
(b)	Worldwide Corporate Administrators, LLC				3.	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-		/H 9: 3
	2330 Ponce De Leon Blvd				□	#37
	NEW Registered Office Address:			-		
	Coral Gables, FL	3313	4	.		
change agent was/w the art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members coicles of organization or the operating agreement of the	regist ability of the limite	tered office and company, it is limited liability ad liability com CATALINA AGU	I the business office of hereby confirmed that company or as otherw pany. IRRE BOZA, Manager	the regis t the chan	tered ge(s)
	nture of a member or authorized representative of a member	_!	By: Lauren Unders	sood, Attorney-in-Fact Printed or typed name of s	ionee	
I here provis the ob	this of a memor of addictized representative of a memor of all statutes relative to the proper and complete ligations of my position as registered agent as provide let v reflect a change in the registered office address, I is discovered in writing of this change. Worldwide Corporate Administres.	perfo. d for i	rmance of my d n Chapter 605, confirm that t	city. I further agree to	o comply	with the d accept ing filed been
Jam.	Worldwide Corporate Administr					
Šignati	are of Registered Agent					