

L990000000439

**OFRA COSMETICS L.L.C.**  
**450 EAST LAS OLAS BOULEVARD**  
**FORT LAUDERDALE, FLORIDA 33301 U.S.A.**  
**P.O. Box 2449 FORT LAUDERDALE, FLORIDA 33303**  
**Tel: 954-467-8885 FAX: 954-467-8494**

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Ofra Cosmetics, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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\*\*\*\*\*35.00 \*\*\*\*\*35.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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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 608.416 or 608.508, 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. The name of the limited liability company is: OFRA COSMETICS, LLC
2. The mailing address of the limited liability company is: 450 East Las Olas Blvd., Suite 140  
Ft. Lauderdale, FL 33301

3. Date of filing/registration in Florida January 19, 1999
4. Document number L99000000439

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

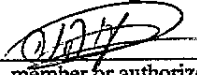
Erik C. Larsen  
Name  
243 W. Park Ave., Suite 201  
Address  
Winter Park, FL 32789  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Ofra Gaito  
Name  
450 East Las Olas Blvd., Suite 140  
Florida street address (P.O. Box NOT acceptable)  
Ft. Lauderdale, FL 33301  
City, State and Zip

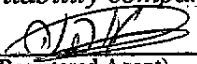
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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 a majority of the members of the limited liability company or as otherwise provided in the articles of organization or the regulations of the limited liability company.

  
(Signature of a member or authorized representative of a member)

OFRA GAITO, Managing Partner  
(Printed or typed name of signer)

*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. 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) OFRA GAITO

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**