Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092 Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

DESIGNER SKIN, L.L.C.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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. N	ame of the limited liability company: Designer Skin,	L.L.C.			
2. (a	Principal office address of limited liability comp	any: 3312 E. BROADWAY ROAD			1
(wy	(Note: MUST BE STREET ADDRESS)	PHOENIX AZ 85040		- n. 1	•
		- ************************************	J P (;*	(2007)	_
			T-100	Z	
(b)	Mailing address of limited liability company:	6270 CORPORATE DRIVE	क्र के	HAR	6
	(Note: MAY BE POST OFFICE BOX)	INDIANAPOLIS IN 46278	-J-11	70	n .
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11/1/2	2007	M07000006502	-n -ri	AH	,
	te of filing/registration in Florida	4. Document number	(m, (1)	ထ္	•
	22 21 11 15 - 4 District Front Transfer		SE	 	
5 (*) Registered Agent and Registered Office shown (on the records of the Florids Dent of		ည်	
J. (#	y regionated regard and registered Critics and with	in the records of the ranker bept. of	حمرز		
	Registered Agent:	NRAI SERVICES, INC.			
	restrom en 1 Porte.			•	
	Registered Office Address:	2731 EXECUTIVE PARK DRIVE, SUITE 4			4.
		WESTON/FL/33331			<u> </u>
				_	_
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	C T Corporation System		•	
NEW Registered Office Address:	1200 South Pine Island Road		•		
	(MUST BE FLORIDA STREET ADDRESS)			_	
		Plantation FI	33324		
that al office hereby liabilit limite	limited liability company is not organized under the change or changes are made, the Florida strong of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized to company or as otherwise provided in the article of liability company. The of a member or authorized representative of a member)	reet address of the registered office a c case of a Florida limited liability co d by an affirmative vote of the memb	nd the busin ompany, it is oers of the li	iess mitec	l
	ht, Manager				
	or typed name of signes)		_		
By: 1/1/	thy accept the appointment as registered agent and y with the provisions of all statutes relative to the miliar with and accept the obligations of my position, if this document is being filed to merely reflect m that the limited liability company has been notification. System	l agree to act in this capacity. I furt proper and complete performance of on as registered agent as provided it a change in the registered office and ted in writing of this change.	ter agree to my auties, c r in Chapte iress, I herei	and I r 608 by	?,
(Signati	re of Registered Agent) Megan G. Wale	/AAH (M. 1) T. 4451			
As	Megan G. Ware sistant Secretary FILING FI	ox 6327, Taliahassee, FL 32314 SE: \$25.00			

INHS18 (05/08)