M08000000989

(Ř	equestor's Name)
(A	ddress)
(Ā	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE OCT 27 2022

Office Use Only



700396613797

2022 OCT 26 AM 9: 36

2822 OCT 26 AH II: 31

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbagger Ft 22301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 831343 7648402				
AUTHORIZATION: Spelle was				
COST LIMIT : \$25.00				
ORDER DATE : July 25, 2022				
ORDER TIME : 9:08 AM				
ORDER NO. : 831343-040				
CUSTOMER NO: 7648402				
FOREIGN FILINGS				
NAME: RODAN & FIELDS, LLC				
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY				
XXXX AMENDMENT				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

Name of limited liability Company as it appears	on the records of the Florida Department of
State: Rodan & Fields, LLC	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	2022 OC SECR.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CT 26 AH 9: 36
2. The Florida document number of this limited liab	pility company is: M0800000289
3. Jurisdiction of its organization: California	
4. Date authorized to do business in Florida: 01/17	7/2008
SECTION II (5-9 complete only the applicable c	hanges)
5. New name of the limited liability company: (must	contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a aging members adopting the alternate name. The alternate name." or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office ade	d officer address on our records. enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
	, Florida Cirv Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as registe	vistered Agent: t and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with red agent as provided for in Chapter 605, F.S. Or, if this n the registered office address, I hereby confirm that the limited

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
Title/ Capacity	<u>Name</u>	Address	Type of Act		
			□Ad		
			DAd		
			□Rer		
_			□Ad		
			□Rer		
			DAd		
			□Rer		
aforementioned ar	the law of which this entity is orga	the official having custody of records in	□Ren		

Filing Fee: \$25.00

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION

OF A CALIFORNIA LIMITED LIABILITY COMPANY "RODAN & FIELDS, LLC"

TO A DELAWARE LIMITED LIABILITY COMPANY "RODAN & FIELDS, LLC",

WAS FILED IN THIS OFFICE ON THE FIRST DAY OF MAY, A.D. 2018, AT

1:43 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF
THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 204697786

Date: 10-25-22