11160000006771

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

The state of the s

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel O'hayer rachel.ohayer@cscglobal.com

Date: September 16, 2019

Order#: 900666-003

Re: LE LABO HOLDING LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Rachel O'hayer c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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	Tame of the limited liability company: LE LABO HOLD	DING LLC
2. (a)	122 NORTH 6TH ST.	(b)122 NORTH 6TH ST.
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2ND FLOOR	2ND FLOOR
	BROOKLYN, NY 11249	BROOKLYN, NY 11249
	08/24/2016	M16000006771
3.	Date of filing/registration in Florida	4. Document number
5. (a)PARACORP INCORPORATED	
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
	155 OFFICE PLAZA DR.	the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)
	1ST FLOOR	
	TALLAHASSEE	
(b)	Enter name of NEW Registered Agent and/or NEW Registered 1201 Hays Street NEW Registered Office Address:	Office address:
	Tallahassee, FL	32301
the ch agent was/w	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	vs of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.
	/s/ Corey Reese	Corey Reese, Vice President of The Estee Lauder Companies, Inc., Member
Sign	ature of a member or authorized representative of a member	Printed or typed name of signee
provis the ob to mer notifie	tions of all statutes relative to the proper and complete ligations of my position as registered agent as provided	tee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been BY: Grace E. Kirby, Asst. Vice President

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