FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 10, 2002 8:00 am Secrétary of State P01000095746 **DOCUMENT#** 1. Entity Name 07-10-2002 90184 021 ***550.00 AMAZING FACE SKIN CARE, INC. Mailing Address Principal Place of Business 13649 BRYNWOOD LANE 13649 BRYNWOOD LANE FT MYERS FL 33912 FT MYERS FL 33912 3. Mailing Address Principal Place of Business 12995 S. Cleveland azinataceStanlare, Inc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 103A 103A Applied For 4. FEI Number City & State 65_1141674 -. Myers Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 33407 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ADAMSKI, LAURA A Street Address (P.O. Box Number is Not Acceptable) 13649 BRYNWOOD LANE FT MYERS FL 33912 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Treasurer Change TITLE □ Delete TITLE Robert C. Adamski NAME Laura A. Adamski NAME 13449 Brynwood Ln STREET ADDRESS STREET ADDRESS 13649 Brynwood Ln CITY-ST-ZIP Ft. Myers, Fl CITY-ST-ZIP Ft. Myers, Fl Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

☐ Delete

Change

☐ Addition

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date