## P04000154381

| (Re                                     | questor's Name)   |           |
|---|-------------------|-----------|
| (Ad                                     | dress)            |           |
| (Ad                                     | dress)            |           |
| (Cit                                    | y/State/Zip/Phone | #)        |
| PICK-UP                                 | ☐ WAIT            | MAIL      |
| (Bu                                     | siness Entity Nam | ne)       |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations            | -  |
|---|--|
| SUBJECT: French Cosmetics Corp. DRAFT OCTOBER             | 20, 2005<br>priporation)                                   |
| <u> </u>  | ,  |
| DOCUMENT NUMBER:  |  |
| The enclosed Statement of Change of Registered Office     | Agent and fee are submitted for filing.                    |
| Please return all correspondence concerning this matter   |  |
|   |  |
| Mr. François Requier                                      |  |
| (Name of Con  | atact Person)  |
|   |  |
| French Cosmetics Corp                                     |  |
| (Firm/Co  | mpany)   |
|   |  |
| 1500 NW 94 Avenue   |  |
| (Addi   | ress)  |
|   |  |
| Miami, FL 33172   |  |
| (City/State an  | ad Zip Code)   |
| For further information concerning this matter, please of | eall:  |
| Mr. Francois Requier                                      | at ( 305 594-4222  |
| (Name of Contact Person)                                  | at ( 305 ) 594-4222 (Area Code & Daytime Telephone Number) |
|   |  |
| Enclosed is a \$35.00 check made payable to the Depart    | ment of State.   |
|   |  |
| Mailing Address: Amendment Section                        | Street Address: Amendment Section                          |
| Division of Corporations                                  | Division of Corporations                                   |
| P.O. Box 6327   | Clifton Building   |
| Tallahassee, FL 32314                                     | 2661 Executive Center Circle                               |
|   | Tallahassee, FL 32301                                      |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

|  | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  |
|--|---|
|  | nge is submitted for a corporation organized under the laws of the State of Florida   |
| in order                               | r to change its registered office or registered agent, or both, in the State of Florida.  |
| 1. The name of t                       | he corporation: French Cosmetics Corp.  |
| 2. The principal                       | 1700 3777 04 1 3 27 27 20 4 20  |
| <u> </u>                               |   |
| 3. The mailing a                       | ddress (if different):  |
| 4. Date of incorp                      | poration/qualification: 11/16/2004 Document number: P04000156381  |
| 5. The name and<br>Florida Depart      | street address of the current registered agent and registered office on file with the   |
|  | Corporation Service Company   |
|  | 1201 Hays Street  |
|  | Tallahassee, FL 32301   |
| 6. The name and (if changed):          | Tallahassee, FL 32301  street address of the new registered agent (if changed) and /or registered office  Francoi's Requier  1500 NW 94 Ave   |
|  | (P.O. Box NOT acceptable)   |
|  | Miami, FL 33172   |
| The street addre<br>as changed will    | ss of its registered office and the street address of the business office of its registered agent, be identical.  |
| Such change wa<br>authorized by th     | s authorized by resolution duly adopted by its board of directors or by an officer so board or the corporation has been notified in writing of the change.  |
| Svetiati                               | Bernard Mas, President Fuderic MAS, Guna mager  |
| I hereby accept :<br>I further acree t | the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete performance of a lambda accept the obligation of my position as registered agent. Or, if this and fine position as registered agent. Or, if this are filled merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. |
|  | 11/25/05  |
| (Sig                                   | mature of Registered Agent) (Date)  |
| If signing on bel                      | half of an entity:  |
| f Requi                                | er / FCC  |
| (T                                     | yped or Printed Name)   |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*