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(Requestor's Name) PRESTIGE FRAGRANCE, INC 1769 NW 81 WAY PLANTATION, FL 33322 (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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DIVISION OF CORPORATIONS
7007 FEB 23 AM 11: 56

By Wel 57 RAW

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

statement of cha	nge is submitted	tions 607.0502, 617.050 for a corporation organ gistered office or regist	nized under the laws of	the State of	FL	
1. The name of t	he corporation:	PRESTIGE FRAGRAN	CE, INC			
2. The principal	office address:	1769 NW 81 WAY				
	ON FL 33322				· ·	
		nt):				
		ATION, FL 33322		D 0.6000	00.40.10	· · · · ·
4. Date of incorp	oration/qualifica	tion: 1/11/2006	Document numb	ber:P06000	004212	
	l street address of tment of State:	f the current registered a	gent and registered off	fice on file w	ith the	
	THE FLORIDA	INCORPORATING CO	OMPANY		<u> </u>	
	1203 GOVERN	ORS SQUARE, STE. 10	1			
	TALLAHASSE	E, FL 32301			_	
6. The name and (if changed):	street address of	the new registered age	nt (if changed) and /or	registered of	fice	2001 FEB 23
	Business Filings	s Incorporated			_	EB 23
,	1203 Governors	Square Blvd, Ste. 101				平
		(P.O. Box NOT acceptable)			別1:56
	Tallahassee, FL	32301-2960			_	56
The street addre as changed will	ess of its register be identical.	ed office and the street	address of the busine	ss office of i	its registered ag	gent,
Such change wa	s authorized by	resolution duly adopte corporation has been no	d by its board of directified in writing of the	ctors or by an	n officer so	
X	d an officer or dire		HARIN	DER.	BAJAJ	_
I hereby accept I further agree t of my duties, and document is beit	the appointment to comply with the d I am familiar v ng filed merely t	t as registered agent and the provisions of all state with and accept the oblion reflect a change in the writing of this change	nd agree to act in this lutes relative to the pr ligation of my position be registered office ad	rtyped name and capacity. oper and con 1 as registere dress, I here	,	ance f this t the
. Mary (Sig	on Spaller and ture of Registered A	nger. Asst-Sec	2-13	(Date)	· 	 .
If signing on bel		· · · · · ·	· ·			
Mary Jos	na linger, 1	Jast. Sec. of Bus	iness filings	Incorpo-	rated	

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