

P06000151093

Manuel Mendoza, Esq.
(Requestor's Name)

9100 S. Dadeland Blvd.
(Address)

Ste 1500
(Address)

miami, FL 33156
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

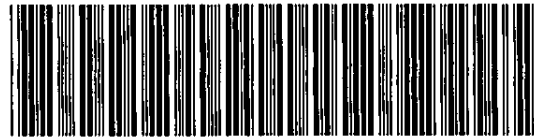
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

MAY 22 2012

T. BROWN

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EVE BEAUTY CORP.
2. The principal office address: 343 Aragon Ave. Coral Gables Florida 33140
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/07/2006 Document number: P06000151093
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

MARIA B. PARJUS RESIGNED AS Registered Agent

1730 Main St.

SUITE 226 WESTON, FL 33326 US

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

MANUEL MENDOZA

9100 S. Dadeland Blvd. Suite 1500

P.O. Box NOT acceptable

Miami, FL 33156

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The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

x 
Signature of an officer or director

CARMEN A. GONZALEZ PDT
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*

x 
Signature of Registered Agent

04/30/2012
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)