

PO8000027123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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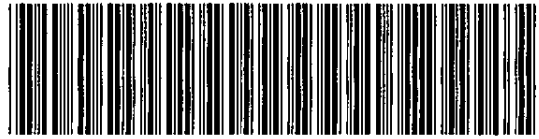
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Raw Beauty Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000027123

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM F. JENNINGS  
(Name of Contact Person)

PRODUCT QUEST MANUFACTURING, LLC  
(Firm/Company)

330 CARSWELL AVENUE  
(Address)

HOLLY HILL, FL 32117  
(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa D Thomason-Smith at ( 386 ) 239-8787  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2009

WILLIAM F. JENNINGS  
330 CARSWELL AVENUE  
HOLLY HILL, FL 32117

SUBJECT: RAW BEAUTY, INC.  
Ref. Number: P08000027123

We have received your document for RAW BEAUTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 809A00003415

**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: Raw Beauty, Inc.
2. The principal office address: 9683 Parkview Avenue, Boca Raton, FL 33428
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: March 14, 2008 Document number: P08000027123

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)

Corporation Services Company

1201 Hays Street

Tallahassee, FL

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

Product Quest, Manufacturing, LLC

330 CARSWELL AVENUE

(P.O. Box NOT acceptable)

HOLLY HILL, FL 32117

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.

\_\_\_\_\_  
(Signature of an officer or director)

Steven Krane, Director  
(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.*

William F. Jennings  
(Signature of Registered Agent)

January 14, 2009  
(Date)

If signing on behalf of an entity:

WILLIAM F. JENNINGS, CFO  
(Typed or Printed Name)

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