P12000087674

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SECRETANT OF STATE
TALL AHASSEE ET OFFINA

MAR 1 4 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Makeup Love Cosmetics, INC Name of Corporation
DOCUMENT NUMBER: P12000087674
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:
Name of Contact Person
Firm/Company 823 Soling and Lasp Address Celebration FL 34747 City/State and Zip Code Ccassesele a mail. com E-mail address: (to be used for future appual report notification)
For further information concerning this matter, please call: Charlatle Cassex at (407) 433-0604 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (03/12)

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: MANEUP LOVE COSMETICS, INC
2. The principal office address: SSS Spring tark Loop
Celebration PL 34747
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/17/12 Document number: P1200087679
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)
CORPORATFON Service Company
1261 Hays STreet
Tallahassee, PL 32301
6. The name and street address of the new registered agent (if changed) and /or registered offects (if changed):
DAUTO Cassese Find I
823 Spring Park Loop
Po. Boy NoT acceptable
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 other dipolor Chay lotte Casses Printed or typed name and take
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.
1) (3/15/214
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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