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DO NOT WRITE IN THIS SPACE The above named entity submits this statument for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered space. Signature Sign			Zip	Country			
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IN THIS SPACE City I. Lauder of FL 20 Code 333808 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent			The state of the s	Street Ad	dress (P.O. Box Number is Not Acceptable)		
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After May 1, Fee is \$550.00 May Be Added to Fees Section Campaign Financing \$6.00 May Be Added to Fees Section Campaign Financing \$6.00 May Be Added to Fees COSME CREAT AND INC. COSME CREAT AND	SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registered Agent signature	e required when reinstating) 4/7/64 DATE		
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				NAME STREET ADDRESS			

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR