

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARK PLACE A MEDICAL SPA
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK ARZIE
Name of Person

PARK PLACE A MEDICAL SPA
Firm/Company

9191 R.G. SKINNER PKWY SUITE 100A
Address (702)

JACKSONVILLE FL 32256
City/State and Zip Code

marziemarkplace@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK ARZIE at (904) 813-4400
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: PARK PLACE A MEDICAL SPA LLC
2. (a) Principal office address of limited liability company: 9822 TAPESTRY PARK CIRCLE
UNIT 104
JACKSONVILLE FL 32240
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 9822 TAPESTRY PARK CIRCLE
UNIT 104
JACKSONVILLE FL 32240
(Note: MAY BE POST OFFICE BOX)
- 6/29/2010
3. Date of filing/registration in Florida
4. Document number L100000169120

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: MARK L. ARZIE

Registered Office Address: 9822 TAPESTRY PARK CIRCLE
UNIT 104
JACKSONVILLE FL 32240

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: _____

NEW Registered Office Address: 9191 RG SKINNER PKWY
SUITE 702
JACKSONVILLE, FL 32250
(MUST BE FLORIDA STREET ADDRESS)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

MARK ARZIE
Signature of a member or authorized representative of a member

MARK ARZIE
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

MARK ARZIE
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
AUG 11 AM 10:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE