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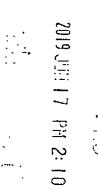
(Requestor's Name)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		•						
SUBJ	BEJA BODY CONTOURING, LLC								
3000	SUBJECT: Name of Limited Liability Company								
Dear S	Sir or Madam:								
The er	nclosed Registered Agent/Registered Offi	ice Change ar	nd fee(s) are submitted for filing.						
Please	return all correspondence concerning this	is matter to th	ne following:						
CHR	ISTOPHER WALKER								
	Name of Person		<del></del>						
BEJA BODY CONTOURING, LLC									
***	Firm/Company		<del></del>						
801 1	N. ORANGE AVENUE, SUITE 760	)							
	Address		— <u>—</u>						
ORL	ANDO, FL 32801								
	City/State and Zip Code		<del></del>						
CHR	ISTOPHERWALKE@HOTMAIL.C	ОМ							
	E-mail address: (to be used for future ann	ual report no	tification)						
For fu	rther information concerning this matter.	please call:							
CHR	ISTOPHER WALKER	407	758-7604						
	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 Fallahassee, Florida 32314						
	Enclosed is a check for the following amount:								
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy						
INHST	8 (2/14)								

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company:  BEJA BODY	CONT	OURING	, LLC			
2.		801 N. ORANGE AVENUE, SUITE 760	ſ	same	AS LEFT			
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		<u> </u>	Mailing address of limite (Note: MAY BE POS	=		
		ORLANDO, FL 32801						
			_					
		3/21/2017		L170000	039503			
3.		Date of filing/registration in Florida	٦.		Document number			
5	(a)	EXUM, MICHELLE						
٦,	(11)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Sta	nte:			
		EXUM, MICHELLE						
		Registered Office Address (MUST BE FLORIDA STREET)	_		2019			
		801 N. ORANGE AVENUE, SUITE 760				* **	1 III 6102	ير ب. ت
		ORLANDO , FL	3280	1	_		317	
	(b)	MEDSURG HOLDING					PH 2:	#- :
(0)		Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:			$\ddot{\mathcal{C}}$	تيينا
		801 N. ORANGE AVENUE			_		0	
		NEW Registered Office Address:						
		SUITE 710			_			
		ORLANDO FI	3280	1	_			
the age wa	cha ent v s/we	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of organization or the operating agreement of the	f the reg ability of the li	gistered offi company, it mited liabil	ce and the business o is hereby confirmed ity company or as oth	ffice of t that the o	the regist change(s	tered s)
					HER WALKER			
S	igna	ture of a member or authorized representative of a member			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 605, 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.

Signature of Registered Agent