I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: ROSA M MENDEZ C

Electronic Signature of Signing Officer/Director Detail

D

Entity Name: BEFORE & AFTER IMAGE CONSULTANTS, INC.

# Current Principal Place of Business:

475 BILTMORE WAY 102 CORAL GABLES , FL 33134

# **Current Mailing Address:**

475 BILTMORE WAY 102 CORAL GABLES,FL 33134 US

# FEI Number: 22-3918573

# Name and Address of Current Registered Agent:

ROSA , MENDEZ M 475 BILTMORE WAY 102 CORAL GABLES , FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	ROSA MENDEZ GOMEZ			02/26/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PVST	Title	D	
Name	MENDEZ GOMEZ, ROSA M	Name	MENDEZ, ROSA M	
Address	475 BILTMORE WAY 102	Address	475 BILTMORE WAY 102	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
Title	ADM. SECRETARY			
Name	SUCRE MENDEZ, ANTONIO JOSE			
Address	475 BILTMORE WAY 102			
City-State-Zip:	CORAL GABLES FL 33134			

Certificate of Status Desired: No

FILED Feb 26, 2019 Secretary of State 7994981224CC

> 02/26/2019 Date