oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

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

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

Current Principal Place of Business:

12002 SW 128TH COURT 210 MIAMI, FL 33186

12002 SW 128TH COURT

MIAMI, FL 33186

210

DOCUMENT# L05000090893

FEI Number: 20-3504769

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Entity Name: MIAMI MEDICAL ESTHETICS, LLC

NUNEZ, LOURDES 16900 SW 162ND AVE MIAMI, FL 33187 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:

Authorized Person(s) Detail : Title MGR Title MGRM NUNEZ, LOURDES Name Name RYAN, MARY L 12002 SW 128TH COURT, SUITE 210 Address Address 16900 S.W. 162 AVENUE City-State-Zip: MIAMI FL 33187 City-State-Zip: MIAMI FL 33186

SIGNATURE: LOURDES NUNEZ MGR

FILED Mar 23, 2014 Secretary of State CC3756464691

Certificate of Status Desired: No

03/23/2014

Date

Date